

**RHODE ISLAND DEPARTMENT OF HEALTH**  
***INITIATIVE FOR A HEALTHY WEIGHT***

**OBESITY INTERVENTION PLANNING**

**Report of Research Findings on  
Healthy Eating, Physical Activity, and  
Breastfeeding  
In Central Falls, RI**

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**SUBMITTED TO: RHODE ISLAND DEPARTMENT OF HEALTH**

**SUBMITTED BY: POLICY STUDIES INC. (PSI)**

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## INTRODUCTION

The Rhode Island Department of Health (HEALTH) is preparing to respond to a CDC-sponsored RFP to prevent and control obesity and other chronic diseases by developing and implementing science-based nutrition and physical activity interventions. HEALTH has identified Central Falls, RI as the target community for intervention implementation. Major program areas will include:

- Balancing caloric intake and expenditure;
- Improved nutrition through increased breastfeeding;
- Improved nutrition through increased consumption of fruits and vegetables;
- Increased physical activity; and
- Reduced television time.

As a first step in this process, HEALTH contracted with PSI to conduct formative research with residents, key city personnel, and community-based organizations in Central Falls. Through this research, HEALTH hopes to better understand the needs of the community by learning about:

- Public resources (recreation, transportation, etc.) available for use by residents;
- General lifestyle of residents (leisure-time activities, eating habits, physical activity routines);
- General knowledge of nutrition and physical activity in the community; and
- Barriers to healthy eating, breastfeeding, and physical activity.

### The Central Falls Community

Central Falls is the smallest municipality in Rhode Island at just 1.3 square miles. It is also one of the most densely populated cities in the country and has a minority and foreign-born population significantly above the state average<sup>1</sup>.

According to the 2000 Census, Central Falls has just fewer than 19,000 residents with a median household income of \$22,628. Nearly 48% of the Central Falls population is Hispanic, 40% is White Non-Hispanic, and 28% is of other races/ethnicities. Thirty-five percent (35%) of the population is foreign-born with nearly 25% originating from Latin America<sup>2</sup>. In terms of education, 49% of the population has finished high school or higher, and 5.7% has a Bachelor's degree or higher<sup>2</sup>.

The size of Central Falls and its population characteristics make the city a good starting point to developing a model for obesity intervention planning, implementation, and evaluation.

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<sup>1</sup> Source: RI STEPS Proposal, 2004; [www.city-data.com](http://www.city-data.com).

<sup>2</sup> [www.city-data.com](http://www.city-data.com).

## EXECUTIVE SUMMARY

### **SECTION 1: IN-DEPTH INTERVIEWS WITH KEY PERSONNEL IN CENTRAL FALLS**

#### **Perception of Overweight and Obesity**

About half of the interview participants stated that they have not noticed obesity to be a “problem” in the Central Falls community. Many of these participants, however, interact regularly with more active groups in the community.

The other half of the interview participants stated that overweight and obesity are a problem in Central Falls. However, they highlighted the differences in cultural perceptions of overweight and obesity in this community in comparison to American standards. Participants explained that in Latino/Hispanic cultures, being “big” is equated with being strong and healthy. Many people whose BMI would classify them as obese do not believe that they are obese. One participant noted that changing these perceptions would be very difficult and would require a lot of education.

Participants who think overweight and obesity are problems in Central Falls stated that lack of adequate physical activity is a major cause of the problem.

#### **Needs Assessment(s) to Determine Attitudes or Behaviors of Residents Related to Physical Activity, Healthy Eating, and Breastfeeding**

Representatives of most organizations that were interviewed reported that they or their organization has not conducted a formal or an informal needs assessment to determine the attitudes and/or behaviors of residents related to physical activity, healthy eating, and breastfeeding. Participants stated that these needs assessments have not been conducted due to lack of funding and lack of staff. One of these respondents, however, stated that such a needs assessment would be invaluable to the community organizations as they plan for programs that would be useful to the community.

Progreso Latino and Aramark have conducted needs assessments to determine the attitudes and behaviors of the populations they serve regarding physical activity and healthy eating. Their research is outlined below.

Progreso Latino:

- Progreso Latino hosts a program working with medical students from Brown University where these students collect health information about and needs of the agency’s clients. This information will be used for future program planning.
- Progreso Latino also worked with Dietetics students from URI to develop a nutrition-based curriculum, and the agency is currently searching for a staff person to implement the curriculum in English and Spanish.
- Progreso Latino is working with HEALTH’s Minority Health Program on a three-year grant to address physical activity and obesity. The grant includes conducting community-mapping activities and calculating BMIs for a sample of the community’s residents.
- Progreso Latino has conducted focus groups in the past to collect information from their clients about healthy eating and physical activity.

Aramark:

- Aramark has conducted surveys with students in the Central Falls school system to determine their food preferences. These surveys have led to some changes in the school breakfast and lunch menus.
- Aramark meets periodically with directors from other area schools to discuss issues pertinent to school foodservice and nutrition programs. These discussions have shown that the eating preferences of Central Falls students are not different from the rest of New England schools.

## **Environmental Supports for Physical Activity, Healthy Eating, and Breastfeeding**

### **Physical Activity**

Almost all respondents stated that Central Falls offers many environmental supports for physical activity. They reported that the community's small geographic size makes everything accessible to the residents. One participant disagreed, stating that the community is urban and densely populated, leading to a lack of green space and walking/biking paths.

Respondents listed a number of environmental supports in Central Falls including:

- Ralph Holden Community Center
- Macomber Stadium
- Higginson Avenue Outdoor Sports Complex
- Saul Tarlow Baseball Field
- Sacred Heart Avenue Playground
- Crossman Street Playground
- Illinois Street Playground
- Garfield Street Playground
- Jenk's Park
- River Island Park
- Cowden Street Basketball Courts
- "Path to Health" Walkway

Respondents also identified the following environmental supports that are planned for the future:

- Expanding and upgrading the Ralph Holden Community Center;
- Renovating the Higginson Avenue Sports Complex; and
- Planning for the development of a walking/bike path along the Blackstone River.

### Safety

A majority of respondents stated that safety is not more of an issue in Central Falls than anywhere else. One participant noted that because the city is so small, it is easy to patrol and to monitor the "trouble spots." The recreation department has staff present at facilities and playgrounds during hours of operation, and the police department patrols recreational areas in off-hours. One respondent disagreed, stating that fields are dark and dangerous at night.

The community is currently working to incorporate additional measures to ensure the safety of its residents while they use these facilities.

### **Healthy Eating**

Most respondents are not aware of environmental supports in the community with respect to healthy eating. They cited the presence of small and expensive local markets, limited selection of affordable healthy food, lack of community gardening areas, and the presence of fast food restaurants in the city as barriers to such supports. One respondent noted the presence of a Wellness Center, operated by Progreso Latino, which conducts health education and screening for nutrition-related conditions.

### **Breastfeeding**

Respondents were not able to identify environmental supports for breastfeeding within the community.

## **Policies That Support Physical Activity, Healthy Eating, and Breastfeeding**

### **Physical Activity**

The majority of respondents reported not being aware of any policy supports for physical activity within Central Falls. One participant noted that there are not any formal regulations about how much green space should be available in the community. When asked about policies pertaining to the cost of recreational facilities, a couple of participants remarked that their organizations offer programs at very low cost in order to ensure participation of those who apply. In their experiences, people tend to keep their commitments if they have to pay for them.

One participant also noted that pedestrian or biker safety is not a big issue in Central Falls because the community is so small. This participant also noted that there are safety programs in schools. For example, 200-300 free bike helmets were recently distributed to children in elementary school.

### **Healthy Eating**

One respondent reported that several policies and/or standards have been implemented within the Central Falls School District to ensure access to and the provision of healthy meals and snacks as well as a “clean” environment in which to consume them. The schools follow federal guidelines for school meal planning, and a year ago, high sugar items were removed from the school breakfast menu. Additionally, the Central Falls school foodservice provider has been working with Kids First in two of the elementary schools to implement a “healthy snacks” initiative.

In addition, the Central Falls School District provides universal free breakfast, snack, and lunch to all students. They also provide free lunches to kids up to the age of 18 through the Summer Lunch Program.

A policy to encourage handwashing has also been implemented in two of the elementary schools. Children are required to sanitize/wash their hands any time before eating, touching, or preparing food. Educational programs to teach children about the importance of handwashing are also part of the policy.

### **Breastfeeding**

Respondents were not able to identify policy supports for breastfeeding in Central Falls.

## Programs That Support Physical Activity, Healthy Eating, and Breastfeeding

### Physical Activity

The following programs were identified as supporting physical activity in Central Falls:

#### Central Falls Recreation Department

- Spring Youth Little League
- Spring Youth Soccer
- Special Olympics Softball
- Girls Softball Camp
- Youth Wrestling
- Playgrounds
- National Youth Sports Program
- Men's Basketball League
- Adult Co-Ed Volleyball League
- Men's Softball League
- High School Summer Basketball League
- Community Center Programs
- Senior Aerobics Program

#### Progreso Latino

- Preschool Activity Program
- Youth Group
- Senior Activity Program
- Yoga
- World Asthma Day Walk

#### Channel One

- After-School Programs
- Adult Programs

#### Central Falls Police Department

- Summer Basketball Program
- Central Falls Panthers Football team
- Soccer League

### Healthy Eating

The following programs were identified as supporting healthy eating in Central Falls:

#### Progreso Latino

- Senior Nutrition Program
- Preschool Nutrition Program
- Nutrition Workshops

#### Channel One

- Green Thumb Crew
- Senior Meal Program
- Family Dinner Program
- Family Support Program

#### Aramark

- Universal Free School Breakfast, Lunch, and Snack Program
- Free Summer Breakfast and Lunch Program
- School Health Fair



### **Breastfeeding**

Currently, none of the community agencies/city departments interviewed offer programs in support of breastfeeding. Progreso Latino is working with Memorial Hospital to start a program.

## **Barriers to Supporting Physical Activity, Healthy Eating, and Breastfeeding**

### **Physical Activity**

A majority of respondents reported that communicating with residents about existing services and motivating people to use these services are major barriers to supporting physical activity in Central Falls. Participants were surprised at the number of residents who do not know about the programs available in the community. Participants noted that other commitments are a huge factor in the lack of motivation to engage in more physical activity.

Other barriers to supporting physical activity include cost, time, childcare, and different customs and beliefs. One respondent stated that the lack of resources in the community is also a major issue.

### **Healthy Eating**

Several respondents listed cost and availability of nutritious foods as major barriers to supporting healthy eating in Central Falls. Participants stated that the produce available is either low quality or too expensive, and there are too many fast food establishments in the city. A couple of participants stated that lack of knowledge about preparing healthy foods and customs for food preparation are also major barriers to healthy eating. They stated that people tend to cook in ways similar to what they were taught in their families.

One respondent stated that lack of time to eat breakfast and lunch in schools is a barrier against healthy eating in schools. Many children do not have enough time to finish their meals, especially if they are bought in the school cafeteria (due to long lines). Cost is also an issue in schools because parents do not have time or money to prepare homemade lunches for their children.

### **Breastfeeding**

Respondents did not comment on barriers to supporting breastfeeding in Central Falls due to their lack of expertise in this area.

### **Addressing Barriers**

Respondents stated that in order to address these barriers, a thorough examination of the resources available in the community and the resources needed is important. Such a needs assessment should be followed by long-term, sustainable implementation of systems that support healthy eating and physical activity. In addition, they noted that it is important to regularly communicate with the community about these systems, especially to reach new residents.

One respondent stated that it is important to get families to be involved together in healthy eating and physical activity.

## **Community Support for Implementation of Physical Activity, Healthy Eating, and Breastfeeding Policies and/or Programs**

All of the interview participants reported that the community would likely support HEALTH's efforts to implement policies and/or programs within Central Falls that encourage physical activity, healthy eating, and breastfeeding. Several respondents noted that Central Falls is an ideal community for implementation of such programs and policies due to its limited resources, its size, and its collaborative community infrastructure.

Several respondents emphasized that it is important for HEALTH to follow-through with implementing these policies and programs once they are planned. It is also important that HEALTH work with community agencies to ensure that the community's needs are met and that the information is shared with the residents. There is a common sentiment amongst Central Falls residents that this community is "experimented on" for research with no follow-through; the programs needed are not implemented. In order to address this issue, one respondent suggested that HEALTH contact the Square Mile Community Coalition, a dedicated and well-connected group of community service providers.

## **SECTION 2: FOCUS GROUPS WITH CENTRAL FALLS RESIDENTS**

### **Lifestyle and Free Time**

#### **Parents and Free Time**

Many participants across all groups stated that they, in general, do not have much free time available to spend on themselves. They are often busy working, taking care of the children, studying, or doing housework. Single mothers and married mothers with infants or toddlers generally reported having less free time than married mothers with elementary or middle school aged children and fathers.

Many women who stated that they never have any free time explained that they spend most of their time taking care of or playing with their children. Some parents spend their time watching TV, exercising, listening to music, doing chores, reading, dancing, visiting friends and family, and going to church. A couple of participants commented that there is not much to do in the community.

Participants stated that they would like to have some free time to exercise, to relax and take care of themselves, to clean, to go to school/learn more English, or to take up other hobbies such as drawing. When asked about barriers to engaging in their preferred free-time activities, participants listed lack of time, money, and childcare as major barriers. Other barriers mentioned were lack of support from spouse and lack of personal motivation.

#### **Children and Free Time**

Most participants stated that their children spend their free time watching television, playing on the computer, or playing videogames. Many participants also mentioned other indoor activities such as playing with toys, coloring, reading and painting for younger children and listening to music, dancing, talking on the phone, and just sitting in their rooms for older children. Many parents of older children mentioned that their children are involved in sports or other physical activity programs outside of the home. Many specified that their children do these activities in the warmer

weather rather than year-round. Several parents complained, however, that they have a difficult time getting their children to be active and to go outside of the house.

Many parents explained that their children are bored. Some parents think their children don't want to do anything; others think that there is nothing available for them to do. Many parents wish that their children would participate in more athletics or other activities such as modeling, music classes, or painting classes.

Major barriers to these activities that were listed include transportation, money, and time. Other barriers mentioned are lack of programs, cold weather, and lack of motivation.

### **Television Watching**

Most participants have several television sets in their homes, and many participants have television sets in their children's rooms. Most children watch 1-2 hours of TV a day but many watch 3-4 or 5+ hours of TV a day.

Most women in the English single women and married with infants/toddlers groups, most men, and many women in the English married with middle/elementary school aged children group stated that they have rules regarding content and amount of time spent watching television. Several parents require their children to do their homework before watching TV. A few participants stated that they enforce content rules by controlling what kinds of shows their children can access. In comparison, few participants in the Spanish single women and married with infants/toddlers groups and only some in the Spanish married with elementary/middle school aged children group stated that they have rules regarding television watching.

### **Physical Activity**

When asked what physical activity means to them, most participants responded with "exercise," "sports," or "movement." Some participants specified walking, running, swimming, playing soccer, using motor skills, and developing muscle. A few others specified "activities outside the house," "cleaning the house," "cooking," and "doing stuff together."

When asked whether physical activity is important, all participants said, 'yes'. The most commonly listed reasons why physical activity is important include having a healthy mind (relieving stress, having a higher self-esteem) and healthy body (being healthy and strong, avoiding disease and sickness).

Several participants stated that they engage in some sort of structured physical activity including walking, going to the gym, exercising at home, walking/lifting at work, and playing with children. A couple mentioned other activities such as dancing, swimming, and running errands. Some men mentioned camping, bowling, fishing, and dancing. Many participants, however, did not specify that they engage in a regular structured physical activity.

When asked whether they are happy with their current level of physical activity, most participants responded with 'no.' Most stated that they could spend more time exercising and doing other physical activities. Participants listed many barriers to reaching their preferred levels of physical activity including cost, time, concerns about safety, lack of transportation, childcare, lack of personal motivation, and lack of programs.

In order to motivate Central Falls residents to engage in more physical activity, participants stated that the following are needed: low-cost or cost-free gyms, gyms located in the area, programs offered at flexible hours, childcare options, transportation assistance, neighborhood workout groups, and personal motivation.

## Healthy Eating

When asked what healthy eating means to them, some participants responded with a list of restrictions such as fats, sweets, fried foods, fast foods, soda, candy, and coffee. Others listed having a balanced diet and eating fruits, vegetables, seafood, and natural foods. When asked whether healthy eating is important, all participants said, ‘yes.’ Reasons listed for why healthy eating is important include being healthy, being alert, and avoiding sickness and disease.

Most women in the single women groups stated that they make the decisions about what food to buy for their households, and they do the food shopping. Many women at the married groups also stated that they decide what food to buy and they buy it. Other women in the married groups and participants in the men’s groups stated that they share this responsibility with their spouses. A few participants stated that other adult members of their households (an aunt or a grandparent) make these decisions.

Participants commonly shop at Price Rite (most), Shaw’s, Stop and Shop, C-Town, and Save-A-Lot for their groceries. Most stated that they shop at whichever stores have the most inexpensive items. Several participants stated that they shop at more than one grocery store a week to pick up food items that are on sale in different stores. Most participants stated that they do not shop at local convenience stores or at the local Spanish markets because they are expensive. A few stated that they use the Spanish markets for ethnic foods.

When asked about typical eating habits, about half of the participants reported eating together as a family during their main meal of the day. Other participants mentioned that it is difficult to eat together during the week due to differing schedules, but they try to eat together on the weekends. During the week, breakfast is one of the lighter meals of the day, with the majority of the female participants reporting not having breakfast, except coffee or a something light like toast or fruit. The men reported eating breakfast regularly, consuming a variety of foods from cereal and eggs to empanadas and tortillas. They all reported that their children eat breakfast, either at home or at school. The majority of participants reported eating a larger, more traditional breakfast on the weekends.

When asked what foods were eaten as part of a typical lunch, many respondents listed foods that are consumed as their main meal of the day, which is usually in the late afternoon or early evening when the kids get home from school. This lunch or “comida” is often eaten in lieu of the American practice of eating a separate lunch and dinner. Participants whose children are in school said their kids eat lunch at school as well.

Many participants stated that they eat out occasionally. Most said that they eat out once a month, twice a month, or once a week (usually on weekends). Several participants stated that they do not eat out because of monetary issues. A few participants stated that they eat out daily—usually fast food. More participants in the male group stated that they eat out than in the female groups. (Note: This is

inconsistent with the findings from the questionnaire completed by focus group participants separately. In the questionnaire, most respondents noted that they eat fast food 1-2 times per week.)

Many participants stated that they eat out at buffet style establishments, although a few go to sit-down restaurants. Many participants stated that they go out of Central Falls to eat because most of the restaurants in Central Falls are fast food establishments

When asked what changes they could make in their diets, the most common responses were to eat less rice and bread and to eat more fruits and vegetables. Participants wanted to make other changes such as eating less fried food, eating less junk food, eating fewer carbohydrates, drinking more water, having a balanced diet, and eating in smaller portions.

Similarly, participants would like their children to eat fewer sweets and other junk foods. A few participants expressed concern over the food that their children eat in schools. These parents are concerned that their children are fed unhealthy foods for lunch and that they are given sweets as rewards for doing well. Several participants expressed concern over their children being overweight and obese. Many participants also expressed concern over their children having poor eating habits. Several parents complained that they try to get their children to eat more traditional, ethnic foods, but their children prefer “Americanized” and junk food.

## **Information Needs**

### **Information/Support Needed by Participants**

When asked what information or support they need in order to help their families eat healthier and be more physically active, many participants emphasized the role of personal motivation in making behavioral decisions. Many participants also talked about the need for schools to change school menus.

Other participants suggested offering more recreational activities, activities in the winter, transportation assistance, assistance to pay for gym memberships, and programs at flexible times in order to facilitate physical activity.

For healthy eating, participants suggested offering basic nutrition programs, teaching people to cook healthier foods, and helping people understand portion sizes and nutritional labels on products.

Other suggestions were to offer after-school programs for children, time management classes for parents, and childcare options. A couple participants also suggested advertising physical activity and healthy eating to create motivation in the community. Possible ways of disseminating information that were mentioned include TV, radio, newspapers, and community meetings.

### **Changes/Support Needed in Community**

Participants were also asked what changes to the community would facilitate physical activity and healthy eating. To facilitate physical activity, participants suggested opening a free or low-cost gym, creating new park space or to clean up existing parks, enforcing safety in the community, offering childcare, and offering transportation assistance. To facilitate healthy eating, participants suggested expanding school menus to include healthy foods and opening new grocery stores to offer food-shopping options.

## Testing of Sample Messages

### Messages to Encourage Healthy Eating

Participants were asked to evaluate a list of sample messages that could be used in a campaign to encourage healthy eating decisions. The top three messages that participants found most motivating to encourage healthy eating are:

1. Eating healthy makes you a good role model for your family.
2. Eating healthy helps prevent illnesses like cancer and heart disease.
3. Be healthy and strong to take care of your family.

Most participants gave a reason relating to their families for why the above messages appeal to them. They explained that they need to be healthy in order to take care of their children. Additionally, they stated that they want to set a good example for their children so that their children grow up to live healthy lives.

### Messages to Encourage Physical Activity

Participants were asked to evaluate a list of sample messages that could be used in a campaign to encourage physical activity. The top three messages that participants found most motivating to encourage physical activity are:

1. If you make exercise/physical activity part of your regular routine, you'll feel better about yourself.
2. Doing physical activity as a family is a good way to spend time together.
3. Being physically active makes you a good role model for your children.

The reasons most participants gave for why the above messages appeal to them are similar to the reasons why they selected their favorite healthy eating messages. They explained that they are better able to take care of their families when they are happy and when they feel good about themselves. Similarly, they stated that they want to set a good example for their children so that their children grow up to live healthy lives.

### Sources of Health Information

Most participants stated that they get their health information from their doctors. Some participants mentioned the following sources of information: WIC, medical centers (brochures), television, community organizations (such as Progreso Latino), magazines, the Internet, books, nutritionists, friends and family, church health programs, radio, flyers, schools, and mailings from insurance carriers.

### Perceptions of Overweight

Participants described being overweight as being “fat,” “out of shape,” “not a normal weight,” and not being “height/weight proportional.” Many participants stated that overweight is a problem because it leads to many health problems. Some participants admitted that overweight is a problem in their families.

A few participants stated that overweight is not a problem for them because their cultural definitions of what is overweight and obese is different from American definitions. Women in the English married with infants/toddlers group stated that they do not judge themselves based on American

BMI guidelines or what their doctors tell them because they do not think that they are overweight or obese. They believe that they are healthy.

### **SECTION 3: QUESTIONNAIRES COMPLETED BY FOCUS GROUP PARTICIPANTS—CENTRAL FALLS RESIDENTS**

#### **Demographic Information About Participants**

There were 58 female and 9 male survey respondents. Most survey respondents have lived in the US for 6+ years. A few respondents (16%) have lived in the United States for 5 or fewer years, and respondents come from a wide range of countries of origin. Most respondents have an annual household income of less than \$35,000/year, and most have graduated high school. A little more than half of the respondents are employed and a little less than half are unemployed (all women).

#### **Overall Findings**

- Healthy weight: Average Body Mass Index (BMI) of survey respondents (BMI = 28) is higher than the recommended “normal weight” range; it falls in the Grade I Obesity range<sup>3</sup>.
- General eating habits: Most respondents consume 1-2 servings daily of fruit, fruit juice, vegetables, milk, yogurt, cheese, and red meat. Fruit juice, milk, and red meat are higher consumption foods than others. Men consume more milk, red meat, and slightly more fruit than women.
- Soda/sweetened drinks: Many respondents drink 1-2 servings of soda and sweetened drinks daily. Many others do not consume any soda or sweetened drinks. Men drink more sweetened drinks than women.
- Simple carbohydrates: Most respondents eat 2-4 servings a week of white carbohydrates including white bread, potatoes, pasta, and white rice. Many eat all four of these foods.
- Snacks: Most respondents snack 1-2 times a day. Popular snacks include water, fruit, yogurt, juice, soda, and coffee.
- Fast food: Most respondents eat fast food 1-2 times a week. Men eat more fast food than women. Note: These findings are not consistent with the findings from the focus groups. Respondents in the focus groups reported eating fast food less frequently.
- Red meat: Most respondents eat red meat 1-2 days per week, and many eat red meat 3-5 times a week. Men consume more red meat than women.
- Meat Preparation: About half the respondents regularly prepare meat in healthier ways such as baking, grilling, or broiling. Many sometimes fry meat and sometimes prepare meat in healthier ways. A few regularly fry their meat. Women are more likely to prepare their meat in healthier ways than men.
- Breastfeeding: Most children were breastfed and formula-fed by their mothers. A slightly higher percentage was exclusively formula-fed than those who were exclusively breastfed. Women reported breastfeeding their children 1) because of the health benefits of breastfeeding to the child and 2) to develop a bond with their children. Women who formula fed their children did so because they had difficulty producing milk or because of lack of time, discomfort while breastfeeding, or the infant’s unwillingness to nurse.

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<sup>3</sup> Mahan KL, Escott-Stump S. *Krause’s Food, Nutrition, & Diet Therapy*. W.B Saunders Company, 1996. 372.

- Solid food: Overall, women started feeding their children solid food at an average of 6.5 months. Common first solid foods are soup, potatoes, baby/strained food, mashed/pureed vegetables, cereal, and fruit. Most used a utensil to feed their children.

### **Respondents Who Have Been in the Country Fewer Years**

The following trends amongst respondents who have been in the country fewer years were noted and may identify possible areas of focusing interventions for this population. Generally, respondents who have been in the country for fewer years:

- Have lower average BMI than respondents who have been in the country longer.
- Are less likely to consume yogurt, milk, and cheese than their counterparts who have been in the country longer.
- Consume slightly more refined carbohydrates—including white bread, potatoes, pasta, and white rice—more frequently than their counterparts who have been in the country longer.
- Are less likely to prepare their meat in healthy ways such as baking, grilling, or broiling than those who have been in the country longer.

Additionally, women who have been in the country fewer years:

- Are more likely to breastfeed their infants than their counterparts who have lived in the country longer.
- Are more likely to breastfeed for longer than women who have been in the country longer.
- Are more likely to feed their infants solid foods at an earlier age than their counterparts who have lived in the country longer.

### **Respondents Who Have Been in the Country More Years**

The following trends amongst respondents who have been in the country more years may identify possible areas of focusing interventions for this population. Generally, respondents who have been in the country for more years:

- Have a higher average BMI than respondents who have not been in the country as long, indicating that those who have lived in the country fewer years have healthier average weights for their heights than respondents who have lived in the country for more years.
- Drink soda in higher quantities than those who have not lived in the country as long.
- Are slightly more likely to snack more times a day than those who have been living in the country for shorter periods of time.
- Are also more likely to snack on unhealthy foods such as soda, potato chips, chocolate, and crackers and less likely to snack on healthy foods such as vegetables, water, and milk.
- Are more likely to consume fast food than their counterparts who have not been in the U.S. as long.
- Eat more red meat more often than their counterparts who have not been in the U.S. as long.

Additionally, women who have been in the country longer:

- Are less likely to breastfeed their infants than women who have lived in the country a lesser amount of time.
- Are less likely to breastfeed their infants for as long as their counterparts who have lived in the country for a lesser amount of time.
- Are more likely to begin formula feeding their infants at an earlier age than women who have lived in the country for a shorter time period.



- Are more likely to wait longer to feed their children solid food than their counterparts who have lived in the country for a lesser amount of time.

## **SECTION 1**

### **REPORT OF FINDINGS: IN-DEPTH INTERVIEWS WITH KEY PERSONNEL IN CENTRAL FALLS**

## METHODOLOGY

This section of the report presents findings from in-depth interviews conducted with key personnel in Central falls. HEALTH, PSI, and the project stakeholder group compiled a list of key community members and organizations that serve Central Falls' Hispanic population. PSI contacted the individuals and agencies to conduct 20-30 minute telephone interviews about public resources, policies, and programs that promote physical activity, healthy eating, and breastfeeding, as well as potential barriers. See Appendix A for the In-Depth Interview Guide.

PSI conducted a total of six interviews with individuals and organizations within Central Falls. Table 1 lists the individuals/organizations interviewed by PSI as well as a description of their role in the community, and how they communicate with families in Central Falls.

Table 1: List of In-Depth Interviewees

	<b>Interviewee</b>	<b>Agency/ Organization</b>	<b>Title</b>	<b>Role in Community</b>	<b>Communication Approach</b>
1	Arthur Hanson	Central Falls Planning Department	Director	Works within community to plan and secure funding for enhancement projects.	Don't usually communicate directly with families in community.
2	Joseph Moran	Central Falls Police Department	Chief	Provides protection to the residents of Central Falls.	Word of mouth, Spanish radio, works with community organizations.
3	Anthony Tager	Central Falls Recreation Department	Director	Coordinates all recreation programs within the city and oversees the playgrounds and park areas.	Advertise through schools, newspapers, Cox Channel 17, word of mouth, and community organizations.
4	Angelo Garcia	Channel One	Director	Community service agency that provides youth development programs and runs the city community center.	Word of mouth, brochures, flyers.
5	Arlene Ayala	Progreso Latino	Health Director	Full-scale community service agency serving the city's Latino population.	Flyers, advertise on local Spanish radio, send press notes to Pawtucket Times, Providence Journal, Providence En Espanol, word of mouth.
6	Dennis Gomez	Aramark	Foodservice Director	Provides school breakfast and lunch program to 10 schools. Also provides meals for the Summer Breakfast and Lunch Program.	Send information home with students for their parents.

PSI attempted to conduct two additional interviews: one with the Central Falls School District Superintendent and the other with the Central Falls Public Works Department. Upon initial contact, the Central Falls Public Works Department declined participation in the telephone interview on the basis of not being able to contribute information above and beyond what had been contributed by the City Planning, Police, and Recreation Departments. They did, however, express their willingness to participate in the project as needed in the future. Several attempts were made to contact the Superintendent of the Central Falls School District including telephone calls and in-person visits. These attempts were not successful and were terminated upon discussion with the project team.

### **Limitations of In-Depth Interviews**

In-depth interviews are an appropriate method for understanding the policy, programmatic, and environmental supports for encouraging physical activity, breastfeeding, and healthy eating among the Hispanic residents of Central Falls. By definition, however, in-depth interviews are qualitative. They involve relatively small numbers of participants based on a non-comprehensive, convenience sample, and the results may not be applicable to the entire Hispanic population within the city (i.e. some organizations/individuals that may be able to contribute to these findings may not have been contacted). The results should provide HEALTH with an overview of the Central Falls community, but they should be interpreted in general terms only and not in terms of percentages.

## DETAILED FINDINGS

### Perception of Overweight and Obesity

About half the respondents reported that they do not overtly notice obesity within the Central Falls community, and therefore, they do not see it as a “problem”. However, it is important to note that these particular respondents see only a select group of individuals within the community on a regular basis – children and adults who take part in the physical activity programs that are offered, and students who attend the city’s high school.

One respondent noted, *“The majority of the kids I see here [at the high school] are fairly average height and weight.”*

Another said, *“I personally, haven’t seen too many kids who are overweight. Of course, the kids I see are the ones who are active and involved in the programs we offer. There are over 3000 kids in Central Falls, and I see about 400-600 of them, so I can’t say that obesity seems to be a huge problem.”*

The other three respondents reported that obesity and overweight are a problem in Central Falls, but the perception of what it means to be “overweight” or “obese” in this community is different from American standards and must be taken into consideration.

One respondent said, *“I think there is a different perception of overweight and obesity here, given the number of Hispanic/Latino residents. I’m a large man, but I don’t feel that I’m obese. In our culture, you are taught that big equals healthy and strong. It means you have a good immune system and constitution about you. Latinos view people who are too thin as being sick or unwell. You have to take the perception of the people into account. According to the American guidelines, people here may be considered as overweight or obese, but [the people here] are not going to agree with those guidelines.”*

Another stated, *“You can’t apply the American BMI standards [here in Central Falls] and simply tell someone they are overweight. It takes a lot of explanation and educating. For most people here, being overweight or big means you are healthy and strong.”*

Of the respondents who reported that obesity and overweight are a problem within the community, two of them attributed the cause to be lack of physical activity, more so than nutrition.

One respondent commented, *“Sedentary behavior is more of an issue than over-eating...the boys seem to be more active than the girls – they use the [community] center more. As the kids get older though, you lose opportunities to get in touch with them and get them to be active.”*

Another respondent stated, *“I can’t really speak for the whole community, but I do think that overall this is a fairly inactive community.”*

One respondent who reported that overweight and obesity are not really problems in the community stated, *“I know from talking to the school staff that there is a concern about the kids not getting enough physical activity – that is something they worry about.”*

## Needs Assessment(s) to Determine Attitudes or Behaviors of Residents Related to Physical Activity, Healthy Eating, and Breastfeeding

The majority of respondents reported that they (or their organization) have never conducted any type of needs assessment (formal or informal) to determine the attitudes and/or behaviors of residents related to physical activity, healthy eating, and breastfeeding. When asked why such information collection has not been conducted, all respondents cited lack of funding and staffing as the main reason. One respondent reported that it “*wouldn’t be something that we would do.*”

One respondent who represents an organization that has never conducted a needs assessment reported, however, that such information would be very valuable. He stated, “*The information from the focus groups that [the Department of Health] is doing is very important to our staff and me. We want to use that information to establish programs and services that meet the needs of our community. I really learned a lot from the group that I moderated... There were men in the group I spoke to who were saying that there is nothing in the community for them to do with their kids – to get them active. I’m sitting there thinking, ‘How do they not know about us and the community center – we’ve been around here for years?’ This type of information is extremely valuable to us.*”

Two respondents, representing Progreso Latino and Aramark, reported conducting needs assessments or using other information gathering methods to determine the attitudes and behaviors of the populations they serve relative to physical activity and healthy eating. No information has been gathered by either agency with respect to breastfeeding.

### Progreso Latino

Progreso Latino conducts needs assessments and gathers information about/from the people they serve on a regular basis because “*The Department of Health has a lot of information we can access, but they are missing some of the information we need.*” The agency hosts a program in conjunction with medical students from Brown University; where the students work on a project at Progreso Latino for a six-week time block. The most recent group of students developed a survey assessment tool to collect general health, access to care, and demographic information from the agency’s clients.

Approximately 200 respondents completed the survey and information gathered includes:

- Demographics
- Mode(s) of transportation
- Programs and services accessed in the community
- Primary care physician usage and medical insurance coverage
- Hospital emergency room usage
- Medical history including medication usage and immunization status
- Tobacco usage (including exposure to environmental tobacco smoke)
- Drinking, exercise, and eating habits
- Dental care
- Safety
- Information, programs, and services clients would find useful

The information is currently being reviewed, and it will be used to determine how to better meet the needs of Progreso Latino’s clients.

Progreso Latino also worked with a group of Dietetics students from the University of Rhode Island to develop a nutrition-based curriculum. The curriculum includes lesson plans, sample menus,

recipes, and activities to help people learn about healthy eating. The agency is currently in the process of hiring a staff person who will implement the curriculum, making it available to clients in both English and Spanish.

In the past, Progreso Latino has conducted focus groups to gather information from community members about nutrition, healthy eating, and physical activity. The results of these groups have been used to inform various programs and services offered by the agency (described in greater detail below).

Currently, Progreso Latino is working with the Department of Health's Minority Health Division on a three-year grant to address physical activity and obesity. The grant includes conducting community mapping activities and calculating BMI's for a sample of the community's residents.

*"We are mapping the opportunities for physical activity and healthy eating within Central Falls – places and programs that are accessible by our residents. We are collecting information about every program and service that is offered. We are looking at where they are, how much it costs, what is offered, etc. As part of the grant, we will be working with Women & Infants Family Van at the clinic to conduct BMI assessments. The program consists of taking a baseline BMI, doing education related to physical activity and nutrition, including a 50-minute per day intervention of some sort, then measuring the BMI again six months later and looking for change. Once we finish this community mapping piece, we'll be working to create some media campaigns to promote physical activity and healthy eating – with the goal of reducing and preventing obesity. We're hoping to get the campaign underway next quarter."*

#### Aramark

Aramark has conducted surveys with the students in the Central Falls school system to determine their food preferences. Although the *"information was only somewhat useful because a lot of kids put down foods that we just can't offer – like cake, other snacks, etc.,"* some changes were made to the school breakfast and lunch menu based on the feedback.

Additionally, Aramark meets periodically with directors from other schools in the area to discuss issues pertinent to school foodservice and nutrition programs. These discussions have led to the verification that *"the likes and dislikes of the students at our [Central Falls] schools, and the type of foods being eaten are consistent with what is happening in the rest of New England. Kids here are just not much different."*

## **Environmental Supports for Physical Activity, Healthy Eating, and Breastfeeding**

### **Physical Activity**

Nearly all the respondents reported that Central Falls has a lot to offer in terms of environmental supports for physical activity and that the community is at an advantage because of its small geographic size. One respondent remarked, *"The small size [of our city] allows everything to be easily accessible to all the residents."* (The environmental supports for physical activity are listed below.)

In contrast, one respondent viewed the small geographic size of the city to be a limitation on the environmental supports for physical activity within the community. The respondent stated,

*“This is a very urban and densely populated community. There are a lot of people here with little room to go. I would say that the community is fairly inactive because of this...The green space here is really below average; at one time we were the most densely populated city in the country. Currently, there are no walking or biking paths.”*

This same respondent also commented, “[There is] nothing really available in the community for them [the residents] to use. Some of the current fields and parks are not in good shape and people don’t go there.”

### Current Environmental Supports

The following table lists the environmental supports in Central Falls that were reported by the respondents.

Table 2: Environmental Supports in Central Falls

Facility	Cost	Months of Operation	Other
Ralph Holden Community Center	Free or low-cost programs	Year-round	Plans for renovation
Macomber Stadium	Free	April-November; used for special venues	Locked facility
Higginson Avenue Outdoor Sports Complex	Free	April-October	Under renovation
Saul Tarlow Baseball Field	Free	April-July	
Sacred Heart Ave. Playground	Free	June-August	Under renovation
Crossman Street Playground	Free	June-August	
Illinois Street Playground	Free	June-August	
Garfield Street Playground	Free	June-August	Recently renovated; locked at night
Jenk’s Park	Free	Year-round/weather permitting	
River Island Park	Free	Year-round/weather permitting	Lit walking track
Cowden Street Basketball Courts	Free	Year-round/weather permitting	
“Path to Health” Walkway	Free	Year-round/weather permitting	Sponsored by Rhode Island Prevention Coalition and the American Heart Association

### Future Environmental Supports

Plans are currently underway for upgrading existing recreational facilities and for constructing new facilities and areas within Central Falls. They include:

- Expanding and upgrading the Ralph Holden Community Center to *“better address the sedentary issue with both parents and kids in the community.”* As part of the project, more space will be added to accommodate the center’s staff, expand the recreational area, and house the new family support program. *“Having more space, a bigger facility, and more activities will definitely give people in the community more options for being physically active.”* (Details related to the provision of new programs at the community center are described in



greater detail in the section of this report entitled, “Programs that Support Physical Activity, Healthy Eating, and Breastfeeding.”)

- Renovating the Higginson Avenue Sports Complex to include a new football field, regulation track, full basketball courts, soccer court, and baseball field. *“It’s going to be really nice – a great facility for people in the community to use.”* Phase one of the renovation is scheduled for completion by fall, 2005.
- Planning for the development of a walking/bike path along the Blackstone River. Plans for the path include relocating the current Public Works building, and acquiring and clearing land that used to be a junkyard. *“We’re thinking this will be a daytime path – maybe the entrances will be lit. On one end of the path is an elderly housing complex. They love to get out and walk, so we think this will be a great thing for them to have access to – right outside their door.”* The community is hoping the path will come to fruition within the next five years.

### Safety

When probed about the safety of the recreational areas and facilities in the community, the majority of respondents reported that safety is not an issue. One respondent said, *“Crime here is no different than anywhere else. I would say that the residents of this community should feel safe... We patrol all the parks and other community areas, including the schools on a regular basis.”* The same respondent went on to say,

*“The advantage of Central Falls is that we are a small community... We know where things are happening. We know the trouble spots and check them often. I would say that when the teens don’t have a place to go, that’s when we find them hanging out on the streets. The more things there are to do in Central Falls, the less the teens will be hanging around or getting into trouble.”*

Another respondent commented,

*“In terms of keeping our recreational areas safe, the police department does patrol the areas on the off-hours. We also have staff at each of the facilities and playgrounds during the hours of operation (8:00am – 3:30pm). Some of the facilities have locks and gates in place to keep people out after the area closes at 9pm.”*

In contrast, the same respondent who expressed that there are inadequate environmental supports in the community for physical activity also reported that the safety of existing recreational facilities and areas is somewhat of an issue.

*“The old baseball field is really unusable land and is unsafe. The far end of the field is dark, and the people are hanging out there at night. I’m not sure that safety is the primary issue right now though – it’s having a lack of things for people to do and places for them to go. The more people use things, the safer they are.”*

Despite the general perception by key community stakeholders that the recreational facilities and areas in Central Falls are safe, it is important to note that the community is working to incorporate additional measures to ensure the safety of its residents while using these facilities. Plans include:

- Securing funding to support hiring a security officer to patrol the recreation areas seven days a week, from 9pm until midnight.

- Exploring options for putting up fences with gates around each of the recreational areas (parks and playgrounds), and locking the gates at night after the 9pm closing.
- Establishing a bike squad of police officers to facilitate patrolling of the current parks and recreational areas, elderly housing complexes, and the future bike/walking path. (Implementation of bike squad scheduled for April, 2005.)

### **Healthy Eating**

The majority of respondents reported that they are not aware of environmental supports in the community with respect to healthy eating. They cited the presence of small and expensive local markets, limited selection of affordable healthy food, lack of community gardening areas, and the presence of fast food restaurants in the city as barriers to such supports.

However, one respondent noted the presence of a Wellness Center that is operated by Progreso Latino. The Center conducts health education and screening for nutrition-related conditions (among others) such as high cholesterol and diabetes. Last year the Center served over 1,700 residents (1,213 females and 525 males), 1,623 of whom were Latino.

### **Breastfeeding**

None of the respondents were able to identify environmental supports for breastfeeding within the community. One respondent suggested following up with Children's Friend & Service, noting that they might provide breastfeeding support to residents of the Central Falls community.

## **Policies that Support Physical Activity, Healthy Eating, and Breastfeeding**

### **Physical Activity**

The majority of respondents reported not being aware of any policy supports for physical activity within Central Falls. When asked about regulations or sanctions that mandate the amount of green space that must be available within the community, one respondent said,

*"There are really no formal regulations about how much green space needs to be in a community. If we are doing new construction, then that [green space] is taken into consideration under the zoning regulations, but otherwise there is nothing that says we have to have so much green space per area of land. In Central Falls, we are really limited because nearly all the space is already used for something. We can't just go back and create more green space without taking something else down."*

When asked to comment on policies or standards pertaining to the cost of using recreational facilities or participating in activities within Central Falls, one respondent remarked,

*"I think we try to offer as many free or reduced priced activities here as possible. We realize that this is a low-income area, and that the residents don't have a lot of extra money to spend on recreation. On the other hand, sometimes if people pay for things, they are more likely to attend."*

Similarly, another respondent stated,

*"To use our facility and join our programs, we do have a small regular fee. It's \$10/year for kids and \$25/year for adults – that includes all the programs and use of all the facilities. We don't offer the programs for free because we feel that contributes to a problem in the community that*

*everyone expects everything for free. That's not the way it is, nor should be. We are struggling with parents over this issue right now. It's difficult to engage people, but we are hoping that by paying a small fee, they will be inclined to come and use the facility and take advantage of the services. If it's free, people come a few times and they never return – there's no obligation. We do offer sliding scale fees for people who really cannot come up with the full fee. We are as accommodating as we can be."*

When asked to comment on the enforcement of traffic laws to protect the city's pedestrians and bikers, one respondent said,

*"There really isn't an issue here with pedestrian or biker safety. We are a really small community, so we can keep an eye on things pretty well. Overall, I would say that Central Falls is a pretty good walking city. It's small and everything is close by."*

With respect to promoting the use of safety equipment for physical activity, the same respondent commented,

*"We do programs in the schools around safety – we want to encourage them to get outside and be active but also want to be sure they stay safe. We recently gave away 200-300 bike helmets to the kids at one of the schools and talked to them about bike safety. The helmets were donated by the Rhode Island Trial Lawyers Association."*

### **Healthy Eating**

Only one respondent noted policies that are in place in the community to support healthy eating. The respondent reported that several policies and/or standards have been implemented within the Central Falls School District to ensure access to and the provision of healthy meals and snacks as well as a safe environment in which to consume them. In terms of providing healthy meals, the respondent stated,

*"We follow the Federal Guidelines for school meal planning. Our meals have less than 30% total fat, less than 10% saturated fat, and follow specific caloric guidelines. Next year, we'll be implementing guidelines about the amount of sodium in the meals. This is something that the Federal Government is looking into now."*

About a year ago, high sugar items were removed from the school breakfast menu in an effort to provide more nutritionally sound foods to the students.

*"We took away donuts, pop tarts, cinnamon buns, and the sugary cereals and replaced them with healthy muffins and cereals. When the switch took place, the number of students getting breakfast fell, but it seems like they are coming back finally. I guess the kids are getting used to the healthier food selections."*

The Central Falls school foodservice provider has also been working with Kids First in two of the elementary schools (Captain Hunt and Cowden Street School) to implement a "healthy snacks" initiative.

*"We developed a list of healthy snacks that goes out to the parents in each of the two schools at the beginning of the year in the student handbook. The parents can only send their children in those schools with snacks that are on the approved list. The program has been fully implemented,*

*and is working really well. It's really been great for cutting down on the unhealthy snacks that kids used to bring."*

Given the success of the policy change in the first two schools, the respondent reported that there are plans to implement the initiative in the other schools within the district. However, *"it's been difficult to pull together the parents and administrators to get things moving."*

The respondent also spoke about a policy that has been implemented (in the same two elementary schools as the healthy snack initiative) to encourage hand hygiene.

*"We implemented a policy where the kids are required to sanitize/wash their hands any time before eating, touching, or preparing food. We provide the sanitizer and it is located in all the classrooms and in the lunchroom. The policy seems to be working because we go through a lot of sanitizer. We also do education programs around handwashing so the kids learn why it is important to wash before eating or preparing food."*

With respect to ensuring access to healthy foods in the community, the Central Falls School District provides universal free breakfast, snack, and lunch to all students. They also provide free lunches to kids up to the age of 18 through the Summer Lunch Program (run in conjunction with the Central Falls Recreation Department). (This program is described in greater detail in the section of this report entitled, "Programs that Support Physical Activity, Healthy Eating, and Breastfeeding.") *"We have about an 80% participation rate in the School Lunch Program."*

### **Breastfeeding**

None of the respondents were able to identify policy supports for breastfeeding within the community. Many cited lack of expertise/knowledge in this area as a reason.

## **Programs that Support Physical Activity, Healthy Eating, and Breastfeeding**

### **Physical Activity**

Several community agencies/departments represented by interviewees offer programs that support physical activity. They include the following:

#### Central Falls Recreation Department\*

1. Spring Youth Little League: *"This program is for kids ages 6-16 and runs from April-July. They play every night. There is a small fee for the program. About 100 kids participate in this program."*
2. Spring Youth Soccer: *"The program is from April-June and runs five nights a week. There is a small fee for participation in the program. Youth soccer is probably the most well-known and popular program. We have about 300-400 kids involved and our team plays other communities. We are known to have a strong program and have gotten compliments from other programs in the state."*
3. Special Olympics Softball: *"Program runs every Monday May – August. This is free."*
4. Girls Softball Camp: *"For girls ages 7-13, runs from 10-11am May-June and is free of charge."*
5. Youth Wrestling: *"About 40 kids participate in this program. It is run by parents and other volunteers."*
6. Playgrounds: *"Open to the public with staffing on site from 8-3:30pm, June-August."*

7. National Youth Sports Program: *"We run a five-week program at CCRI in Lincoln. The camp accommodates about 60-70 kids per day and is free. This occurs from June-August."*
8. Men's Basketball League: *"Runs from December-April and costs \$60 per year."*
9. Adult Co-Ed Volleyball League: *"Runs from October-February and costs \$60 per year."*
10. Men's Softball League: *"Runs from April-July and costs \$60/year."*
11. High School Summer Basketball League: *"Free program for high school students."*
12. Community Center Programs: *"We also run programs with Channel One at the Ralph Holden Community Center. We have instructors who teach programs like weight-training and step aerobics. We also have swimming and a basketball league. If you belong to the Center, you have access to all their programs."*
13. Senior Aerobics Program: *"There are five senior housing developments in Central Falls. We offer this program to each of them as part of the Senior Arts and Crafts Program. Some participate (mostly the smaller ones); the larger ones often have their own programs that they run internally. We send an aerobics instructor over to the complexes and they run hour-long aerobics sessions once a week. On average, 20 seniors participate in each session."*

\* Visit [www.centralfallsri.us/recreation\\_programs.htm](http://www.centralfallsri.us/recreation_programs.htm) for a complete, updated listing of recreational programs and activities in Central Falls.

### Progreso Latino

1. Preschool Activity Program: *"We offer an all-day preschool program at Progreso Latino. Part of the daily routine includes 15-30 minutes of dancing. There are 31 kids enrolled in the preschool and they are here from 7am-2pm. The preschool is on a sliding-scale fee."*
2. Youth Group: *"We hold youth group activities that vary periodically. We have people come in to teach ballet, Latin house dancercise, etc. This program is for middle and high school kids, and the program is held after school on Monday-Thursday. There are about 35 kids who attend, and it is a free program."*
3. Senior Activity Program: *"For our seniors we offer a one hour Latin dance program, held daily. Class is free and the usual attendance is about 18-25 people."*
4. Yoga: *"We offer a yoga class once a week. It is conducted in Spanish and is free."*
5. World Asthma Day Walk: *"We also hold special programs. We are coordinating a walk on May 3<sup>rd</sup> to support World Asthma Day. The goal is to get our clients with asthma to do some sort of physical activity. We help them learn what triggers their asthma and how to handle it so that they can be physically active. A second goal is to get people to use the "Path to Health" – this is really serving as a kick-off event to get people to use the walkway that is here in the city. People currently aren't taking advantage of it – some don't know about it and some are too busy to use it. We're hoping this event will promote its use."*

### Channel One

1. After-School Programs: *"We run three after-school programs that serve about 300 kids each day. We offer activities like karate, basketball, swimming, etc."*
2. Adult Programs: *"We run adult sports leagues and other activity programs at the community center. These programs serve about 200 adults each day. Our site includes a full gym facility and a pool."*

### Central Falls Police Department

1. Summer Basketball Program: *"We run a summer basketball program to help keep kids off the streets. Our School Resource Officer runs the program. There are games that take place a few nights a week. It's very popular; a lot of kids are involved in this."*

2. Central Falls Panthers Football Team: *“This is a very popular activity that the kids take part in. We got the grant for the football team about three years ago, and it’s still going strong. There are about 200-300 kids on the squad. It keeps them out of trouble – really gives them something to do.”*
3. Soccer League

### Healthy Eating

A handful of the community agencies/departments represented by interviewees offer programs that support healthy eating, including:

#### Progreso Latino

1. Senior Nutrition Program: *“We provide lunch to all our seniors daily. We have our own cook who prepares culturally appropriate foods. There is a suggested donation of \$2.25/meal.”*
2. Preschool Nutrition Program: *“We provide breakfast, snack, and lunch to all the preschoolers every day. Our cook prepares the meals and makes culturally appropriate foods. We also teach the preschoolers about healthy snacking.”*
3. Nutrition Workshops: *“We offer nutrition workshops that are customized for people of all ages. For example, for youth, we do activities that teach them about overweight and obesity. They watched the movie “Supersize Me” and we brought in people to conduct cooking demonstrations and teach them about healthy snacking. The program for the seniors and adults is similar, but the level of information is different. We teach the adults food preparation techniques and provide them with recipes, etc.”*

#### Channel One

1. Green Thumb Crew: *“We work with Kids First (Kids First is an organization in Providence that helps schools to implement policy changes in a variety of areas) to run the Green Thumb Crew gardening project. The kids learn about gardening, grow vegetables and herbs, and then in the fall they make a meal out of the foods they grew. This programs helps teach kids skills that they can use to offset the price of healthy foods in the markets.”*
2. Senior Meal Program: *“We provide meals to the seniors – they can get breakfast and lunch at the meal site.”*
3. Family Dinner Program: *“We run a family dinner one to two times each month. We invite the families to come in and they learn how to prepare local foods. After everyone participates in the preparation we all eat together.”*
4. Family Support Program: *“With the expansion of the community center, we are adding a Family Support Program that will offer comprehensive family services to help people connect with the things they need. Right now we are short of funds for the center to pay for staff, but we are looking to outside sources to help. Ultimately, we want to be able to offer professional services to our residents – like a Dietitian, speakers, counselors, exercise professionals, and others. We want to use the funding to address cultural issues surrounding food. We want to help people learn how to prepare the foods they are familiar with in a healthier manner. We don’t want to make people feel like they have to Americanize their diets – we want to show them how to work with what they already eat – the foods they can afford. Healthy eating is expensive, and we have to keep that in mind.”*

#### Aramark

1. Universal Free School Breakfast, Lunch, and Snack Program: Aramark provides the following meals to school children within Central Falls:
  - a. Breakfast: Eight public schools and the charter school. Serve about 1000/day.

- b. Lunch: Eight public schools, charter school, and parochial school. Serve about 3200/day.
- c. Snack: Eight public schools. Serve about 75/day.

*“The elementary school students have their meals put onto plates for them, so they have to take the items they are given. There is quite a lot of plate waste because of this; the kids only eat the things on the tray they like and throw the rest out.”*

*“The middle and high school students only have to take three components of the meals. There is a lot less waste this way because if they take it, they usually like it and will eat it. The most popular items are the chicken nuggets, pizza, hamburger patties, and potato puffs.”*

When asked about whether culturally appropriate foods are served in the schools, the respondent commented,

*“We tried dishes like rice and beans (realizing that a large percentage of our students are Hispanic). The problem is they didn’t eat it. It’s not popular because the way it is prepared at home is a lot better than what we can prepare in bulk for a whole school. The taste is different and not like home, so it didn’t go over well.”*

2. Free Summer Breakfast and Lunch Program: *“We offer the Summer Breakfast and Lunch Program in conjunction with the Central Falls Recreation Department. The program is available for the playgrounds, parks, schools, and any other agency running a summer youth program. We serve about 300-400 meals a day. The breakfast program is slightly less popular than the lunch program. We have a refrigerated truck that leaves around 11:15AM and makes the rounds to distribute the lunches at the playgrounds and parks, and the truck drops the meals off at the schools and they do the distribution from there.”*
3. School Health Fair: *“There is a health fair that takes place every year at one of the elementary schools. We participate in the fair and work with the school nurses, teachers, and Kids First. We bring Spike, the nutrition mascot, to do giveaways and other things that the kids like – to help them get interested in and learn about nutrition.”*

### **Breastfeeding**

Currently, none of the community agencies/city departments interviewed offer any programs in support of breastfeeding. Progreso Latino is working with Memorial Hospital to get a program started.

*“We are working with Memorial Hospital to hold a mother/child program here at Progreso Latino. Memorial recently ended their relationship with Blackstone Valley Health Center, where the program used to be held. The challenge is that we are not a medical facility, so there is some work we need to do to secure the necessary equipment to hold the program.”*

## **Barriers to Supporting Physical Activity, Healthy Eating, and Breastfeeding**

### **Physical Activity**

All of the respondents identified barriers to supporting physical activity in Central Falls. A majority of respondents stated that while there are a variety of programs, policies, and resources in place to promote physical activity in the community, the major barriers include:

- Communicating to the residents that these services exist, and
- Motivating people to use them.

One respondent said, *“I think a lot of people still don’t know about the programs and facilities that are available to them in the community. We do a lot to get the word out, but there are always new people coming in.”*

Another respondent commented, *“I was shocked to hear from men in the community that they think there is nowhere for them to go with their kids to play ball or participate in other activities. I’m sitting there thinking, ‘We’ve been in this community for nearly 30 years, how do you not know about us?’”*

With respect to motivating residents in the community to use the resources that are available to them one respondent stated, *“It’s difficult to get people involved and motivated. We do have a large number of people that participate in the programs. For those that don’t participate, either we’re not offering something they might be interested in, or they can’t make it to the program because of other commitments like working.”*

Several respondents mentioned other barriers to supporting physical activity within Central Falls, including:

- Cost;
- Time constraints;
- Varying customs and beliefs; and
- Childcare.

One respondent said,

*“There is a lot of poverty here. A lot of single parent homes where there isn’t a lot of time to get out and do things with the kids. There are also a lot of cultural issues here. The majority of our population is Hispanic and from a large range of countries. Some people have been here a long time, others not long at all. They might have different customs and beliefs about physical activity.”*

Another respondent stated, *“Time and money are also an issue. This is a low-income area, so things need to be affordable and held at hours that allow working people to attend them.”*

A third respondent noted, *“Childcare is always an issue. We offer childcare services here [at Progreso Latino] to try to encourage parents to come to our programs, but this is definitely a factor for other things happening in the community.”*

In contrast to the comments made by the majority of the group, one respondent identified the largest barrier to be the **lack of resources** in the community and the condition of the current equipment. *“[There is] nothing really available in the community for them [the residents] to use. Some of the current fields and parks are not in good shape and people don’t go there.”*

### Healthy Eating

Several respondents identified barriers to supporting healthy eating within Central Falls. They cited cost and availability of healthy foods as the predominant ones. One respondent stated, *“Cost is a big issue here. Availability is another. The produce is not great and the places where it is great, it’s*



*expensive.” This respondent also noted, “The restaurants in Central Falls are not healthy for the most part. There is McDonalds, Wendy’s, and D’Angelo’s – all fast food.” Another respondent said, “Healthy foods are expensive... There is a lot of fast food available here in Central Falls – it’s cheap and convenient.”*

Two respondents also noted lack of knowledge about healthy food preparation and food preparation customs as barriers to supporting healthy eating. One respondent stated, *“People tend to cook the same foods that their families have been cooking for a long time. It’s difficult to change those habits.”* The other respondent said, *“People also don’t know how to prepare the foods they commonly eat in healthier ways.”*

One respondent provided information specific to barriers to healthy eating within the school system, naming time as the predominant one.

*“Lunch time [in the Central Falls schools] is between 18 and 20 minutes. It’s not enough time for the kids to eat. We have great participation in school lunch [largely due to the fact that it is free], so there are a lot of kids that need to make it through the line. There’s always that last person. By the time he/she gets through the line, they only have 10 minutes to eat. The staff are pretty good about letting kids stay a few minutes after lunch is over to finish eating, but they can’t miss any of their next class, so a lot of times I see the students taking bites of things, then throwing it out. They are not allowed to eat outside of the cafeterias, so they can’t bring anything they don’t finish with them.”*

This respondent went on to note that breakfast is served before the start of the school day, so the kids have a little more time to eat in the morning than they do for lunch, but not much: *“Kids who get to school a little later than others still don’t have enough time to eat. This is a real problem.”*

Additionally, this respondent also reported that there are other barriers to supporting healthy eating in terms of time and also cost: *“Parents are busy and don’t have the time or the money to pack homemade meals for the kids to take to school. We do the best we can to feed them healthy foods here.”*

This respondent also felt it is important to note,

*“School foodservice always seems to get a bad reputation. If there’s a problem with obesity or kids not eating well, people point the finger at the school food. We follow the Federal Guidelines for Healthy School Meals. We are doing a lot to offer the kids the most nutritious meals possible. Overall, I think there is a pretty poor perception of school foodservice, but here in Central Falls, I’d have to say that it is pretty positive. We’ve gotten some feedback from parents and teachers saying that they are happy with what we are doing.”*

### **Breastfeeding**

None of the respondents commented on barriers to supporting breastfeeding within the community. Several cited lack of expertise in the subject area as a reason.

### **Addressing Barriers**

Respondents noted the following barriers to supporting physical activity, healthy eating, and breastfeeding:

- Lack of knowledge of existing programs;

- Cost;
- Time constraints;
- Lack of motivation;
- Varying customs and beliefs;
- Childcare;
- Lack of resources in community (particularly with respect to breastfeeding); and
- Lack of support.

When asked how HEALTH could address these barriers, one respondent summed up the responses of the others best by saying,

*“We need to look at the systems that are in place in Central Falls. We need to create long-term sustainable change by examining the systems overall and making solid changes. We need to get the word out about programs and resources that are already available within the community. There are always new people moving into town. We need to get in touch with them. We need to connect with and engage the residents. We need to teach skills, not just provide healthy foods and offer a place to exercise. We have to show people how to help themselves so the cycle will continue on its own.”*

Similarly, another respondent commented,

*“We need to find a way to motivate people to come to the programs to learn the skills they need to make the changes. Also need to understand that a lot of this is up to the individual. Some people just aren’t going to change – no matter what they know and learn. It’s good to educate the children early on. Then they can develop their own physical activity and eating habits and hopefully maintain them as they get older.”*

A third respondent stated,

*“[We need to] find a way to get the whole family involved – especially the parents. A lot of parents just drop their kids off at the recreational areas and have no idea what their child is doing. It’s important for kids to have [the parents] support and see their involvement.”*

### **Community Support for Implementation of Physical Activity, Healthy Eating, and Breastfeeding Policies and/or Programs**

All of the respondents reported that the community would likely support HEALTH’s efforts to implement policies and/or programs within Central Falls that encourage physical activity, healthy eating and breastfeeding. One respondent said, *“I think that the community would welcome programs that focus on these issues. I think they would take advantage of these types of programs.”* Another responded commented, *“We would be more than willing to help them [HEALTH] on their initiative.”* Several respondents also noted that Central Falls is an ideal community for implementation of such programs and policies due to the need for such resources, the city’s small geographic size, and the collaboration of the community agencies. One respondent said, *“I think one of our biggest assets is the collaboration that we have in this city. We all work together... We all try to help each other out – to do the most for the residents here.”*

Several of the respondents noted that it is extremely important that HEALTH follow through with implementing these policies or programs once underway. It is also important that they work

together with the community agencies to ensure that the community's needs are met and that information is shared with the residents. A few respondents commented that the residents of Central Falls often feel as though they are “*part of an experiment*”, and that “*everyone comes into Central Falls saying they'll do this or that, but that it never actually happens.*” Another respondent said,

*“I think everyone here would be more than willing to help the Initiative in any way possible. We just ask that information be shared with us throughout the process so we can all continue working as a team in this community. People come to Central Falls all the time looking for information, and then we never see any results. We owe it to the residents here who participated to keep them informed and use the information we've gathered.”*

To help address this issue, one respondent suggested that HEALTH contact the Square Mile Community Coalition. The Coalition is a platform where numerous community service providers come together once a month.

*“The coalition has been in existence for about five years, and we're really becoming solid. We have people on the Coalition who represent the police department, the school district, Progreso Latino, Channel One, and local businesses. For example, we all worked together to write a drug-free community grant. This would be a great group for the Initiative to approach with their plans for implementing any sort of intervention in the community. This group is really helpful and well-connected.”*

## **SECTION 2**

### **REPORT OF FINDINGS: FOCUS GROUPS WITH CENTRAL FALLS RESIDENTS**

## METHODOLOGY

This section of the report presents findings of focus groups conducted with residents of Central Falls. The goals of the focus groups were to:

- Understand the daily routines and lifestyle choices of participants;
- Identify participants' eating habits and areas for improvement;
- Identify participants' level of physical activity and areas for improvement; and
- Identify individual and community-wide barriers and facilitators to making lifestyle changes.

See Appendix B for Focus Group Moderator Guide.

Seven focus groups were conducted over 2 weeks with a total of 68 participants. Participation in this first round of focus groups was limited to Hispanic/Latino residents who are parents of children between the ages of 0-16 years. Six of the groups were conducted with females, and one group was conducted with males. Future research opportunities in this area may seek to broaden the targeted audiences.

### Demographic Characteristics of Participants

In order to capture a broad range of experiences, focus group participants were segmented into the following groups:

Table 1: Focus Group Segmentation

<b>Audience(s)</b>	<b>Language in which focus group conducted</b>	<b># of participants</b>
Married/cohabitating Latina/Hispanic women with infants/toddlers (up to age 4)	English	10
Married/cohabitating Latina/Hispanic women with infants/toddlers (up to age 4)	Spanish	7
Married/cohabitating Latina/Hispanic women with elementary/middle school aged children (ages 5-13)	English	10
Married/cohabitating Latina/Hispanic women with elementary/middle school aged children (ages 5-13)	Spanish	11
Single Latina/Hispanic women with children under the age of 16	English	9
Single Latina/Hispanic women with children under the age of 16	Spanish	12
Married/cohabitating Latino/Hispanic men with children under the age of 16	English	9

Note: Focus group participants were recruited on the basis of their marital status and the age of their child(ren). During the groups, we learned that many of the participants had children that spanned more than one of the identified age categories. For example, several participants in the married with elementary/middle school aged children group also had infants or toddlers. They, therefore, self-

selected or were placed into one group or the other based on availability and/or personal preference. Participants were asked to limit their comments to only information about their children who fall in the age category specified for each group.

### Female Participants

Female participants ranged from 20 years to 45 years in age (average age 34 years). The women recruited represented a range of countries of origin including Guatemala, Mexico, Columbia, El Salvador, Honduras, Puerto Rico, Nicaragua, Argentina, Dominican Republic, Venezuela, and Ecuador, and they have lived in the United States for an average of 12 years.

The average height of female participants was 5'3", with an average weight of 153 pounds (BMI=28: Grade I Obesity).<sup>4</sup> More than half reported a household income of less than \$15,000/year, and more than three quarters reported a household income of less than \$25,000/year. Many participants (33%) reported having at least some college-level education as their highest level of education. Slightly more than half the participants were employed, and 80% of those employed work full-time.

### Male Participants

Male participants who were recruited ranged from 25 years to 42 years in age (average age of 32 years). The men recruited also represented a range of countries of origin including the Dominican Republic, Mexico, Columbia, Costa Rica, and Guatemala; and have lived in the United States for an average of 12 years.

The average height of male participants was 5'7", with an average weight of 173 pounds (BMI=27: Grade I Obesity).<sup>5</sup> More than half reported a household income of more than \$25,000/year. Many participants (44%) reported having graduated from high school as their highest level of education, with an additional 22% having at least some college-level education. All the male participants reported being employed, 89% full-time and the remaining 11% part-time.

Most of the focus group participants have 1, 2, or 3 children. A handful of participants have 4 or 5 children.

## **Recruitment**

Recruitment of focus group participants involved a two-pronged strategy to ensure participation of Central Falls residents with different backgrounds and experiences. First, flyers in English and Spanish inviting residents to participate in the focus groups were posted in key community locations including churches, community organizations such as Channel One and Progreso Latino, the library, the post office, schools, City Hall, and local businesses such as convenience stores and beauty salons. Participants who saw the flyer and called the HEALTH phone number listed were screened for eligibility and, if eligible, were assigned to the appropriate focus group (see Appendices C and D for screeners). Twenty-nine participants were recruited using this strategy.

For the second component of the recruitment strategy, PSI partnered with the University of Rhode Island Survey Research Center to conduct telephone recruitment of a random selection of Central Fall residents—residents were randomly selected from a purchased database of all households with Spanish surnames. If recruits agreed to participate, they were then screened for eligibility and placed

<sup>4</sup> Mahan KL, Escott-Stump S. *Krause's Food, Nutrition, & Diet Therapy*. W.B Saunders Company, 1996. 372.

<sup>5</sup> Mahan KL, Escott-Stump S. *Krause's Food, Nutrition, & Diet Therapy*. W.B Saunders Company, 1996. 372.

into the appropriate group. This component of the recruitment strategy ensured participation of residents who do not commonly utilize community services. Thirty-nine participants were recruited using this strategy.

Focus groups were approximately 1.5 hours long and participants were asked to complete a brief questionnaire—available in English and Spanish—prior to the group. Participants were compensated with \$75 for their time.

### **Limitations of Focus Groups**

Focus groups are an appropriate method for understanding the leisure time, physical activity, breastfeeding, and eating habits of Hispanic residents in Central Falls. By definition, however, focus groups are qualitative. They involve relatively small numbers of participants, and the results may not be representative of the entire Hispanic population within the city. The results should provide HEALTH with an overview of residents' current behaviors with respect to physical activity, healthy eating, and breastfeeding, as well as barriers and motivators for changing these behaviors. The information, however, should be interpreted in general terms only and not in terms of percentages.

## DETAILED FINDINGS

### Lifestyle and Free Time

#### Parents and Free Time

Participants were asked how much free time they have on weekdays and weekends; what they do with their free time; what they would like to do with their free time; and what prevents them from doing what they want to do with their free time. For the purposes of the research, free time was described as follows: “Free time is time that you have when you are not at work or school, running errands, or taking care of the children. It is time that you have for yourself to do whatever you want.”

#### Amount of Available Free Time

Many participants across all groups stated that they, in general, do not have much free time available to spend on themselves. They are often busy working, studying, doing housework, and/or taking care of their children. Single mothers and married mothers with infants or toddlers generally reported having less time to themselves than married mothers with elementary or middle school aged children and fathers.

Most of the women at the English single women focus group work on weekdays and about half also work on the weekends. Many of them, therefore, do not have free time on weekdays or weekends because of work demands.

In comparison, demanding work schedules were not mentioned in the Spanish single women focus group. A few women at this group stated that they have no free time on weekdays, but they have some time on the weekends. A few others stated that they have about 1-2 hours of free time a day. About half of the participants stated that they have 3 or more hours of free time during the week and possibly more on the weekends. Some participants stated specifically that they reserve their weekend time to spend with their children.

*“During the weekdays, I have no free time. Saturdays and Sundays, I dedicate my time to my children. I only do my chores during the week.” (Single, Spanish)*

*“I have a lot of free time, I prepare everything and then I sit down to watch my soap opera. I have about 5 free hours during the week.” (Single, Spanish)*

While most women in the Spanish married women with infants/toddlers group said that they do not work, they said that they are still very busy. About half of these women explained that they spend most of their “free time” with their children, and they do not take time for themselves. Others at this group stated that they only have about 1-2 hours of free time a day.

*“My two older kids go to school. I’m always with the baby who is 4 months. The only time I get for me is when my husband and I have a meeting outside of the house or something.” (Married with infants/toddlers, Spanish)*

*“I don’t work but I’m busy with the kids. I have 1-2 hours of free time daily.” (Married with infants/toddlers, Spanish)*



Similarly, in the English married women with infants/toddlers group, women who do not work or who work at home (about half) stated that they do not have free time because their infants/toddlers require constant attention. Others are busy because of their jobs. A couple of women stated that their family members occasionally take their children for a couple of hours a day and that is the only time that they get free time to themselves.

*“Sometimes you don’t get any time at all. If they’re sleeping, you want to sleep too.” (Married with infants/toddlers, English)*

*“Occasionally I will try to get my grandma and sister to take them, so I can plan something.” (Married with infants/toddlers, English)*

Most participants at the Spanish married with middle/elementary school aged children group stated that they only have 1-2 hours of free time a day. Only one participant stated that she has more free time, about 3-4 hours a day.

In comparison, most women at the English married with middle/elementary school aged children group stated that they have a bit of free time on the weekdays and weekends. A couple of participants at this group stated that they do not have time on weekdays because they work.

Most of the participants in the men’s group said that they have a couple of hours of free time to themselves on an average weekday. A couple of participants stated that they do not have any or very little free time on weekdays. Most of the participants stated that they are able to find about 4 or more hours of free time on weekends. Three participants stated that they are unable to find time on the weekends as well.

*“Sunday in the morning I play soccer so I have 3-4 hours.” (Men)*

*“With children, you don’t have any free time.” (Men)*

#### How Participants Spend Free Time

Participants across all groups had similar responses to how they spend their free time. Many participants stated that they spend a good amount of their free time with their children— playing with their children and helping them with their homework and activities. Several parents said that they do outdoors activities with their children in the warmer weather.

Other activities listed by parents include:

- Watching TV: Although watching TV was listed in all groups, more participants in the English married with infants/toddlers and middle/elementary school aged children groups listed this and fewer in the other groups.
- Exercise: Exercise was mentioned by a few people at every group.
- Outdoor activities in warmer months
- Listening to the radio
- Doing chores
- Dancing
- Reading
- Sleeping
- Visiting friends and family

- Talking on phone
- Shopping
- Going to church (on weekends)
- Surfing the Internet

*“I cook, my daughter does her homework, I put her to bed early. On Saturdays we clean the house, go to church, and we go to the mall.” (Single, Spanish)*

*“We watch TV in the winter. In the summer, we go outside a lot. My 15 year old reads and studies a lot.” (Married with infants/toddlers, Spanish)*

*“I go out very little. I like to stay home. I listen to music and watch movies and television.” (Single Spanish)*

*“In the summertime, I go running, ride my bike; in the wintertime it’s difficult to go outside.” (Men)*

A couple of participants at the English married with middle/elementary school aged children group commented that they don’t go outside because it is dangerous and that there are not many things to do in Central Falls.

*“I sit around watching movies. I just don’t like to go outside. It’s too dangerous out there.” (Married with middle/elementary school aged children, English)*

*“There really isn’t much to do around here.” (Married with middle/elementary school aged children, English)*

#### How Participants Would Like to Spend Their Free Time and Barriers

Female participants listed the following as activities that they would like to engage in during their free time:

- Exercise: Exercise was mentioned in about half the groups.
- Relaxing
- Going to school/learning English: This was mentioned in the Spanish-speaking focus groups only.
- Cleaning
- Doing activities outside the home
- Drawing
- Starting own business
- Paying attention to themselves
- Spending more time with family

*“We should have sports or something active to do outside.” (Married with middle/elementary school aged children, English)*

*“I want to pay attention to myself. I haven’t done that in a while.” (Married with infants/toddlers, English).*

Similarly, participants in the male focus group listed the following as activities they would like to engage in during their free time: camping, attending flight training school, learning more English, and going to college.

When asked about barriers to engaging in the above-listed activities, participants—across all groups—listed **lack of time, money, and childcare** as major issues.

Many female participants said they cannot do these things because things are always busy and hectic in their homes and in other aspects of their lives.

*“In my home there’s a lot of people. They run around and around. It’s just crazy.” (Married with middle/elementary school aged children, English)*

*“Sometimes, it’s so overwhelming that when you do have the time, you just want to sit.” (Married with infants/toddlers, English)*

*“I’m still going to school, I’m doing that all the time, studying. My husband is taking classes too. We’re all busy. One and a half year more when we finish then I’ll have more time.” (Married with infants/toddlers, English).*

Some women commented that they do not have money to do these activities, such as joining the gym. Others commented that they cannot exercise outside due to poor weather in the winter, and they do not know of indoor exercise programs that do not require money. Money was also mentioned as a barrier in the men’s focus group. Several men commented that working for money takes up a considerable amount of time.

*“The cost of living is such a demand, so I have to work so hard just to keep up.” (Men)*

*“Here there are very few gyms and they are very expensive.” (Married with elementary/middle school aged children, English)*

Some female participants stated that they cannot afford to hire someone to take care of their children. Some specified that there also aren’t any activities for their children or for families to do in the community. Therefore, the women are forced to spend their time taking care of their children. They stated that they would like to know about such programs if they are available in the community.

*“I would like to do something with my kids but there is nothing for young kids to do if they are not in school—no activities to take them to.” (Married with middle/elementary school aged children, Spanish)*

One participant in the Spanish married with infants/toddlers group commented that she does not receive support from her spouse. Another participant in this group admitted that she needs the motivation: *“I use the baby as an excuse but I could leave her with a babysitter and go to class if I have the drive to do it.” (Married with infants/toddlers, Spanish)*

## Children and Free Time

### How Participants' Children Spend Their Free Time

When asked how their children spend their free time, most participants mentioned: watching television, playing on the computer, and playing video games. Most of the children who play videogames are male. A couple of participants in the English married with infants/toddlers group specified that when their children are on the computer, they play with educational programs such as VTech or Leapfrog.

*“Watch a lot of TV. In my house they watch TV almost all day. It’s varied though.” (Married with infants/toddlers, Spanish)*

*“My mom takes care of my daughter. She watches about 2 hours of TV a day.” (Single, English)*

Many parents also mentioned other indoor activities such as playing in the house, coloring, reading, and painting for younger children and listening to music, dancing, talking on the phone, and just sitting in their rooms for older children.

*“When my daughter used to tell me that she was bored, I used to go to her room and empty out all her drawers and her closet. So now every time she tells me that she’s bored, I point out the closet. I also buy her two books weekly. We read it and discuss it together.” (Single, Spanish)*

Many parents also mentioned that their children are involved in sports or other physical activity programs outside of the home such as swimming, ice skating, bike riding, rollerblading, basketball, soccer, baseball, and going to the gym. More parents of older children—parents in the married with elementary/middle school aged children and single and male parents with children under 16—listed these activities than parents of younger children. In addition, many parents specified that their children do these activities in warmer weather rather than year-round.

Several parents of older children mentioned that they have difficulty getting their children do things outside of the house. Their children prefer to stay indoors.

*“My older son, I need to push him to go outside.” (Married with middle/elementary school aged children, English)*

*“Me too. He likes to stay in the room and watch TV or Playstation. I tell him, go outside!” (Married with middle/elementary school aged children, English)*

Some parents of older children also listed other activities outside the home such as going to the mall, hanging out with their friends, or going to the movies. A couple of parents of older children mentioned that their children are involved in activities at the community center, Crusaders, or at the church.

*“My kids are active in the church so they are busy working on a play.” (Men)*

Many participants explained that their children engage in these activities—particularly watching TV and playing videogames—because they are bored. Some parents think this is because they do not have other activities to do; others think it’s because the children can’t think of what else to do. One parent stated that her child talks about TV with her friends, so it becomes a way of socializing.

*“It’s hard for my kid who is not yet in school because the programs/activities are more limited for him.” (Married with infants/toddlers, Spanish)*

*“There isn’t much for them to do.” (Married with middle/elementary school aged children, English)*

*“They just do whatever they feel like doing that minute.” (Men)*

*“It is a condition, you get addicted to TV, videogames, and the computer.” (Single, Spanish)*

*“The videogames are a way of entertaining them. We use the videogames when they are convenient for us.” (Single, Spanish)*

Many parents stated that their children would like to do outdoor activities, but the cold weather does not permit it.

*“When it’s a nice day, they all want to be outside.” (Married with middle/elementary school aged children, English)*

A couple parents mentioned that parents must find other activities to do: *“The point is to find them something else to do/another activity.” (Single, Spanish)*

#### What Parents Would Like Their Children to Do during Free Time

Participants stated that they wish their children would participate in more athletics/sports activities (e.g., karate, dancing, swimming) and other activities such as modeling, music classes, painting classes, and construction.

Barriers against children participating in these activities include transportation, money, and time.

*“Transportation will be magnificent because it is an issue with me.” (Single, Spanish)*

*“My issue is time. My child swims but there is a conflict with our schedule, distance, and cost.” (Single, Spanish)*

*“When the kids are in school there are many things they can get involved in but before that you have to pay for everything.” (Married with infants/toddlers, Spanish)*

One parent commented that her daughter’s school does not offer athletics programs.

*“My daughter used to do that in our country, but now she is frustrated because they don’t have that program in her school.” (Single, Spanish)*

A few other parents commented that their children are more active when the weather is nicer outside. One parent (Spanish single women group) commented that she does not let her child play soccer because she is not comfortable letting her 6 year old play outside.

A couple of parents of older children stated that they try to get their children into programs but their children are not interested.

*“I wish my son would get interested in paint and color. I try to get everything for him, catch his attention by paint, but he doesn’t like it.” (Married with elementary/middle school aged children, English)*

*“My older son is too lazy. I keep telling him you have to do something. Don’t stay in your room. He doesn’t take my suggestions.” (Married with elementary/middle school aged children, English)*

A few parents stated that they would like to see programs that are available and affordable advertised around the community.

*“I would take advantage of these things if I knew about them and they were affordable.” (Married with infants/toddlers, Spanish)*

## Television Watching

### Amount of Television Watched

Most participants have several television sets in their homes, and many participants have television sets in their children’s rooms. Most children watch 1-2 hours of TV a day, but many watch 3-4 or 5+ hours of TV a day.

The following tables summarize participants’ responses regarding how many televisions they have in their homes, where those televisions are located, and how many hours a day their children spend watching television. The number in each table cell represents the number of participants who gave that response.

Table 2: Number of Television Sets in Households

Group	Number of Participants					
<i># of Television Sets</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Single, English			2	4	1	2
Single, Spanish		1	6	3		
Married with infants/toddlers, English		2	3	3	1	
Married with infants/toddlers, Spanish			1	4		1
Married with elementary/middle school aged children, English			2	3	4	
Married with middle/elementary school aged children, Spanish			3	2	2	2
Men			1	5	2	1

Table 3: Locations of Television Sets in Households

Group	Number of Participants			
<i>Location of Television Sets</i>	<i>Living/Family Room</i>	<i>Kitchen/Dining</i>	<i>Parents' Bedroom</i>	<i>Children's Bedroom</i>
Single, English	7	1	9	6
Single, Spanish	Not asked			
Married with infants/toddlers, English	9		6	3

Group	Number of Participants			
<i>Location of Television Sets</i>	<i>Living/Family Room</i>	<i>Kitchen/Dining</i>	<i>Parents' Bedroom</i>	<i>Children's Bedroom</i>
Married with infants/toddlers, Spanish	Not asked			
Married with elementary/middle school aged children, English	9	2	7	7
Married with middle/elementary school aged children, Spanish	Many	Many	Many	Many
Men	7	1	8	7

Table 4: Hours Spent Watching Television

Group	Number of Hours Spent Watching TV				
<i>Number of Hours Spent Watching TV</i>	0	1-2	3-4	5+/"All the time"	<i>Don't know</i>
Single, English		3	1	2	
Single, Spanish	2	6	2		
Married with infants/toddlers, English	1	4	1	3*	
Married with infants/toddlers, Spanish		1	1	2	
Married with elementary/middle school aged children, English		6	2	2	1
Married with middle/elementary school aged children, Spanish		2	1	1**	
Men		5	4		

\* Two of these parents noted that their TV is on most of the day but their toddlers do not watch it actively the whole time. They play with other toys/do something else and watch TV occasionally in the interim.

\*\* This time includes time spent on videogames.

A few parents (in the single, male, and married with older children groups) mentioned that their children may choose to either watch TV or play with videogames in their allotted amount of time, but they may not do both: *"If they play videogames, they can't watch TV. I tell them to pick one or the other."* (Married with elementary/middle school aged children, English)

#### Rules Regarding Television Watching

Most women in the English single women and married with infants/toddlers groups, most men, and many women in the English married with middle/elementary school aged children group stated that they have rules regarding content and amount of time spent watching television. Several parents require their children to do their homework before watching TV.

*"When I get home, I tell them to do homework. When I'm checking my mail and stuff, they spend half an hour to an hour, they can either watch TV or play. Eight thirty, everything stops. I read them a story and then they go to bed."* (Single, English)

*"My son, I have no problems with him watching cartoons. I pay attention if he changes the channel."* (Married with elementary/middle school aged children, English)

*“I found out my daughter is watching many things. She’s 9 years old. So I talked to my wife and now at nighttime we get together and try to explain things because they talk about anything now on TV. I try to get ahead.” (Men)*

A few participants in the English married with infants/toddlers group stated that they enforce content rules by controlling what kinds of shows their children can access on the TVs in their bedrooms or in some cases, living rooms. Several indicated that the televisions in their children’s rooms do not have cable; they are used mostly for DVDs.

*“She can watch Disney and Nickelodeon, kid shows. Mostly she watched DVDs, Beauty and the Beast, Mulan, stuff like that.” (Married with infants/toddlers, English)*

*“We have cable but it’s controlled because they have children’s cable stations, even in the living room and all the rooms. (Single, English)*

A couple women in the English single women group stated that they do not have rules regarding television watching. One woman commented: *“It’s just me and my daughter. If she wants to watch TV, that’s fine.”* One participant in the English single women group indicated that she uses television as a reward for discipline; if her child does something bad, she takes away the television.

In comparison, few participants in the Spanish single women and married with infants/toddlers groups and only some in the Spanish married with elementary/middle school aged children group stated that they have rules regarding television watching.

*“I never tell them not to watch something and I suggest something good.” (Married with infants/toddlers, Spanish)*

*“I can’t control my son. He watches a lot of TV, like 4-5 hours/day.” (Married with elementary/middle school aged children, Spanish)*

One participant in the Spanish single women group stated that her children are not allowed to watch “novellas” (soap operas). Similarly, one woman in the Spanish married with infants/toddlers group commented: *“In my house, my kid watches a lot of TV. But I try to monitor what they watch—like educational shows like Dora.”*

## **Physical Activity**

### **What Physical Activity Means to Participants**

When asked what physical activity means to them, most participants responded with “exercise,” “sports,” or “movement.” Some participants specified walking, running, swimming, playing soccer, using motor skills, and developing muscle. One participant stated that it means “activities outside the house” (Single, English) and another participant listed “cleaning the house” as physical activity (Married with middle/elementary school aged children, English). One participant in the men’s group listed “cooking” as physical activity and another listed “doing stuff together.”

*“To me, physical activity is everything you do with movement.” (Married with middle/elementary school aged children, English)*



*“For me it’s getting outside and going for a walk. My kids, on the other hand, hate to have to walk anywhere. They want the car to pull right up to the door.” (Married with middle/elementary school aged children, Spanish)*

One participant in the Spanish married with middle/elementary school aged children group commented: *“To me physical activity means having your mind occupied with something. Your brain is working. It’s a physical activity.”*

When asked whether physical activity is important, all participants stated ‘yes.’ The most commonly listed reasons included having a healthy mind (relieving stress, having a higher self-esteem) and healthy body (being healthy and strong, avoiding disease and sickness). Other reasons given included:

- Being in shape;
- Losing weight;
- Setting a good example for children;
- Being happy;
- Keeping the mind occupied;
- Sleeping and working better; and
- Not getting sick.

*“Physical activities are extremely important in a place where there are a lot of drugs and if we do sports, we are disciplined.” (Single, Spanish)*

*“We learn by example. I am disciplined. It helps my self-esteem. We need to take time for ourselves.” (Single, Spanish)*

*“It is important for good mental development.” (Married with infants/toddlers, English)*

*“We all know it’s important. It keeps everybody healthy.” (Men)*

*“We should educate the kids so they grow up with that in their minds.” (Men)*

*“If you are active you build endurance and you just feel good. It makes you generally happier.” (Men)*

## **Participants’ Level of Physical Activity**

### Kinds of Physical Activity

Participants were asked what kinds of physical activity they engage in and how often. For the purposes of the focus group, physical activity was defined as follows: “Physical activity can mean many things. It includes things you do that get your heart rate up and your blood pumping. It can include activities that are part of your daily routine, such as taking the stairs, walking to work or the store, doing yard work, or it can mean extra activity you do such as biking, running, or working out.”

Several participants listed the following as physical activity in which they engage:

- Walking: Several participants in the male group, the married with elementary/middle school aged children groups, and the Spanish married with infants/toddler group mentioned that they walk. Some participants with older children mentioned that they walk with their children or their families.

- Going to the gym: A few participants in the single women groups and the English married with infants/toddlers and married with elementary/middle school aged groups mentioned that they go to the gym/YMCA. A couple participants mentioned that they go to the gym with their children.
- Exercising at home: A few participants in the English single women, both Spanish married women groups, and the English married with elementary/middle school aged children groups mentioned that they exercise at home using a treadmill, stationary bike, or exercise videos.
- Walking/lifting at work: Several women at the English single group and a couple at the English married with infants and Spanish married with elementary/middle school aged children groups mentioned that their jobs require a lot of walking or manual labor.
- Playing with children: A few participants in the married with elementary/middle school aged children groups mentioned that they engage in physical activity with their children, such as going to the park or playing with them.

Other activities listed by a few participants were:

- Errands such as laundry and cleaning
- Taking the stairs
- Organized sports teams
- Dancing
- Swimming

*"I don't like to go to the gym. What I do is, I love to dance. I have a videotape. I don't do it every day, but when I feel it. So I put the video, and my son loves to do that with me. So we dance. And when I'm bored, the first thing I think about is cleaning and just playing with my son." (Married with elementary/middle school aged children, English)*

*"When I have a break at work, I say to my colleague, 'Lets go for a walk around the building when the weather is nice.' Even if it's just for 15 minutes." (Married with elementary/middle school aged children, Spanish)*

A few participants at the men's focus groups listed the following

- Camping
- Bowling
- Fishing
- Dancing

#### Amount of Physical Activity

When asked about how much physical activity they get, some participants mentioned that they engage in regular structured activities such as going to the gym or riding a bike. Many of these participants mentioned cleaning the house or being active at work as their physical activity.

Many participants, however, did not specify that they engage in a regular structured physical activity.

#### **Participants' Satisfaction With Amount of Physical Activity and Barriers**

When asked whether they are happy with their current level of physical activity, most participants responded with 'no.' Most stated that they could spend more time exercising and doing other physical activities.

A few participants admitted that they would like to lose weight and to be healthier. Participants in the male group specified that they would like to work out 3-4 or 4-5 times a week.

A few participants stated that they are more active in the summer because they can engage in outdoor activities, and they feel better about their activity level then.

*“I’ m not happy. I need to set up a time to really do exercise so I can feel better.” (Single, English)*

*“I used to walk about 40 minutes but the weather doesn’t allow me to anymore.” (Single, Spanish)*

*“Because I am conscious that I am not doing what I’m supposed to do.” (Married with infants/toddlers, English)*

*“I don’t have a big problem with my weight but I know it’s good for your heart and body, you need that. It’s good for you.” (Married with infants/toddlers, English)*

*“There’s nothing to do in the winter. In the summer, I play softball, we’re out in fields, camping or something like that.” (Married with elementary/middle school aged children, English)*

### Barriers to Physical Activity

Participants listed the following as reasons why they are unable to reach their preferred levels of physical activity:

- Cost: This was the most common response.
- Time
- Concerns about safety: This issue came up in the Spanish single and English married with infants/toddlers groups. Participants in the Spanish married with infants group felt differently about the safety issue. Most of them stated that they feel safe in the neighborhood.
- Lack of transportation
- Childcare: A couple of participants in the English single women group commented that some gyms—including the Y— offer financial assistance and childcare.
- Personal motivation and discipline
- Need a workout partner
- Lack of programs

*“It’s not safe. I’ve heard of many murders and rapes near the part where I live.” (Single, Spanish)*

*“The gyms are expensive. Having one free or low cost would be great with flexible schedules.” (Single, Spanish)*

*“There is not a lot for kids to do.” (Men)*

*“There isn’t much to do in the winter that doesn’t cost a lot.” (Men)*

*“But about 7 months ago, I used to go to the gym but money is very important and time is very limited and if I work out I don’t have time with the 4 kids.” (Married with infants/toddlers, Spanish)*

*“Because I am either working or studying.” (Married with infants/toddlers, Spanish)*

*“I want to join the gym. I work 8-3, the days I don’t work, I have to run around doing things. Whenever I have free time, the kids are asking to do something. A lot of things come up, like even if I make vacation plans, they get ruined. I want to go to the gym because my hips are like out there. I used to weigh 97 pounds, and with my last child, I gained a lot of weight. I feel uncomfortable with myself. When I stand behind the register, my legs hurt; I know it’s the weight. I want to work out at home but my kids make fun of me.” (Single, English)*

*“Alone one gets bored. I need a group to get motivated. I try with the kids but we get tired. Neighborhood groups would be great.” (Married with infants/toddlers, Spanish)*

*“Places to go...for example, I tried to find a place to play indoor soccer but we couldn’t.” (Men)*

### **What Participants Need to Facilitate Physical Activity**

Participants stated that the following would help motivate residents to engage in more physical activity:

- Low-cost or cost-free gyms;
- Gyms in the area;
- More programs at flexible hours;
- Childcare at gyms;
- Transportation assistance;
- Neighborhood workout groups; and
- Personal motivation.

*“They should have a gym around here. The closest one is in the YMCA in Pawtucket, and it’s always crowded.” (Married with elementary/middle school aged children, English)*

*“My goal is one hour per day. But I don’t often have time because I have a lot of things to do with the kids. I need to be better organized and say, ‘This time is for me.’ Also, I put the treadmill in the middle of the living room so I can’t avoid it.” (Married with elementary/middle school aged children, Spanish)*

*“And it’s hard with kids too because you need to leave them somewhere.” (Married with elementary/middle school aged children)*

## **Healthy Eating**

### **What Healthy Eating Means to Participants**

Participants were asked what the term “healthy eating” means to them. Participants in the English single group mostly listed restrictions: “no fats,” “no sweets,” “no fried food,” “no soda,” “no candy,” and “no coffee.” One participant stated: *“I think your body needs a little bit of everything. You have to put sugar into your body. You have to get what you need from the right place, not the wrong food.”*

In comparison, participants in the Spanish single groups stated that healthy eating means eating fruits, vegetables, and natural foods. A couple of participants stated that healthy eating means eating a “variety” of foods or “balanced meals daily.”

Participants in the Spanish married with infants/toddlers groups stated healthy eating means not eating fried foods, pizza, soda, and other such foods. A couple participants stated that fruits, vegetables, juices “in small portions” constitute healthy eating.

Participants in the English married with infants/toddlers group also listed avoiding fast foods and eating fruits and vegetables. One participant emphasized the need to not skip meals: *“If you skip a meal, it’s not good for you.”* Another participant commented on the fast food industry: *“This is the problem with the TV. They see the Burger King and McDonalds commercials, and they want the food. They don’t eat the food that’s in front of the. They want the toy in the meal.”*

Participants in the Spanish married with elementary/middle school aged children groups stated that healthy eating means not eating fried foods or using grease to prepare food. Other responses were to drink a lot of water and to *“cook your own food because otherwise you don’t know what you’re getting.”*

Participants in the English married with elementary/middle school aged children group and male group also emphasized eating a balanced diet and eating seafood, fruits, and vegetables. One participant in the male group commented: *“If it grows on a tree or grazes on grass, it’s healthy. Anything that’s alive is healthy. Anything that’s manufactured is unhealthy, like those cupcakes with yellow frosting.”*

When asked whether healthy eating is important, all participants stated ‘yes.’ Reasons listed include:

- To be healthy;
- To be able to function;
- To be alert;
- To prevent cholesterol;
- To be a healthy weight; and
- To avoid sickness and disease.

*“Because it’s your body, it’s your engine. Same as your car. You take care of your car, it’ll work. You take care of your body, you will live longer.” (Single, English)*

*“You will feel good and look like what you eat.” (Married with elementary/middle school aged children, Spanish)*

*“If you don’t eat good, your brain’s not working good.” (Married with elementary/middle school aged children, English)*

### **Grocery Shopping**

Most women at the two single women groups stated that they make the decisions about what food to buy for their household, and they do the food shopping. A couple of participants at these groups stated that another person (e.g., a mother or sister) in the household makes the decision, and one participant stated that her daughter makes the decision of what food to buy.

All women at the Spanish married with infants/toddlers group and most women at the English married with infants/toddlers group stated that they decide what food comes into the house. Most women at the English group do the shopping alone whereas most women at the Spanish group do their shopping with their husbands.

Approximately half the women at the two married with elementary/middle school aged children groups stated that they decide what food is brought into the household. Others at the two groups stated that they share this responsibility with their husbands or other adults in the household (such as a grandparent). Most of the women at the English group stated that they do the food shopping with their husbands or sometimes with their children whereas about half of the women in the Spanish group stated that their husbands help with the shopping.

Most participants at the male group stated that their family decides as a whole what food is brought into the house.

Participants stated that they shop at the following grocery stores:

- Price Rite: This was the most common response.
- Shaw's
- Stop and Shop
- C-Town
- Save-a-Lot

Most participants stated that they shop at whichever stores have the most inexpensive items. Several participants stated that they shop at more than one grocery store a week to pick up food items that are on sale in different stores.

Most participants stated that they do not shop at local convenience stores or at the local Spanish markets because they are expensive. A few stated that they use the Spanish markets for ethnic foods.

### **Typical Meals**

Participants were asked what they and their families typically eat for breakfast, lunch and dinner.

#### Breakfast

Most participants in the female groups reported eating nothing— just coffee—or something light like toast or fruit for breakfast during weekdays. They explained that they do not eat much because of lack of time. All participants reported, however, that their children eat breakfast, either at home or at school. Some participants in each group reported that their children eat breakfast at school.

Typical breakfast foods eaten at home for children include:

- Cereal with milk (kids mostly like the sugary cereals; some parents serve fruit with the cereal)
- Waffles or pancakes
- Eggs, toast and meat
- Orange Juice or milk
- Bread with cheese
- Hot chocolate
- Fried plantains and beans (from babysitter)

Some participants in the Spanish speaking groups mentioned serving the following traditional Hispanic breakfast foods to their children:

- Fried potatoes
- Beans
- Tortilla (Quesadillas)
- Fried plantains

Many participants reported cooking big breakfasts on the weekends consisting of traditional Hispanic cuisine including coffee with milk, breads and cheese, fried plantains, potatoes, beans, eggs, meat, and tortillas.

The men reported eating a range of breakfast foods from just coffee to cereal to eggs. A few men reported eating cheese and a couple mentioned empanadas and tortillas.

### Lunch/Dinner

When asked about a typical lunch, most participants listed foods eaten during their “main meal of the day,” which is usually in the late afternoon/early evening when the kids get home from school. Participants whose children are in school said their kids eat lunch at school as well. Lunch or “comida” foods include:

- Soup (vegetable with chicken)
- Rice
- Meat (mostly chicken; red meat one or two times a week)
- Eggs
- Green salad (lettuce and tomatoes)
- Beans
- Tortillas
- Pasta
- Fish (only a couple mentioned fish)
- Fried plantains

About half of participants said they try to eat together as a family during their main meal of the day. Reasons why participants don’t eat together as a family include:

- TV (many family members prefer to eat in front of the TV), and
- Some husbands are working when the family eats their main meal.

A couple of participants mentioned that although it’s hard to eat together during the week because of schedules, they usually eat together on the weekends.

### Eating Out

Many participants stated that they eat out occasionally. Most said that they eat out once a month, twice a month, or once a week (usually on weekends). Several participants stated that they do not eat out because of monetary issues. A few participants stated that they eat out daily—usually fast food. (Note: These findings are inconsistent with what focus group participants stated in the questionnaire, where many stated that they eat fast food 1-2 times per week.) More participants in the male group stated that they eat out than in the female groups.

Many participants stated that they eat out at buffet style establishments, although a few go to sit-down restaurants. Participants listed the following establishments or types of establishments:

- Boston Market
- Applebee's
- Friendly's
- Longhorn Steakhouse
- Ruby's Friday
- Pizza Hut
- Wendy's
- McDonald's
- 99
- Taco Bell
- Subway
- Chinese
- Mexican
- El Paisa (Columbian food)
- La Suppressa country buffet (Note: This establishment was mentioned by several participants but we could not verify its location or its name.)

Many participants stated that they go out of Central Falls to eat because most of the restaurants in Central Falls are fast food establishments. A few participants at the Spanish married with infants/toddlers group stated that they do not eat fast food when they go out.

One participant at the English married with infants/toddlers group explained why she eats out often:

*"It's different in our countries. There's more food because there's always someone in the house to cook. When I was growing up, everything stopped from 12-1 and you went home to eat. But here, it's grabbing and going." (Married with infants/toddlers, English)*

Other participants at this group stated their concern that "quick food" is often fast food. Several said that they try to limit eating out and getting fast food. A few participants commented that they had to learn about the harms of fast food, and they had to learn how to adjust to the food available in America. Some try to get their children to eat more traditional Hispanic foods, but their children like to eat American food and junk food.

*"I try to continue the tradition. I make rice and beans, but my kids like pizza and burgers. Sometimes I'm happy with that because it's easy for me. But then I learned about the problems with fast food and I learned that it's bad. Now I worry about them getting fat. I try to give them more fruits and vegetables now, but they don't like it. They don't like tomatoes." (Married with infants/toddlers, English)*

One participant stated that she thinks her ethnic foods are also not healthy, as she previously thought, and she has tried to change the way her family eats by not always making traditional meals.

### **Changes in Parents' Diets**

When asked what changes they could make in their diets, the most common responses were to eat less rice and bread and to eat more fruits and vegetables. Other responses were:

- Eating less fried food;
- Eating less pasta;



- Avoiding junk food;
- Avoiding fast food;
- Avoiding sweets;
- Avoiding soda;
- Avoiding coffee;
- Not eating too late;
- Drinking more water;
- Eating a balanced diet; and
- Eating rice and beans in smaller amounts.

*“I wouldn’t eat so much rice. In our culture, rice is a staple.” (Married with infants/toddlers, Spanish)*

*“We don’t drink as much water in this culture. We drink either Kool Aid or juice. In my country, they have a sweet thing that they put in the water and lemon before they drink it, so it’s like juice.” (Married with infants/toddlers, English)*

*“I would like to eat a little bit of everything. Try to be balanced.” (Married with elementary/middle school aged children, Spanish)*

*“I’d like to start eating chicken, but I don’t like it. I used to have to pluck it when I was younger.” (Men)*

In response to this question, one participant in the English single women group asked: *“I don’t eat breakfast and eat a little for lunch. How come I’m gaining weight? Even if I eat a lot or I don’t, I still gain weight. Is it stress?”*

One parent in the English married with elementary/middle school aged children group stated that she would resist eating more vegetables:

*“There is no chance for vegetables. I think I eat healthy. I just don’t like vegetables and seafood. I make separate food for me and my family. For my husband and son, I make rice and seafood, then I make Mac ‘n Cheese for me. For breakfast, they like eggs and spinach, I make fried eggs for myself.”*

### **Changes in Children’s Diets**

When asked what changes they would like to make in their children’s diets, many participants in the English single women group and the English married with elementary/middle school aged children group responded that they would like to remove sweets and other junk food from their children’s diets. One participant at the English married with elementary/middle school aged children group expressed concern over her daughter’s obesity:

*“The only one I worry about is my daughter because she’s obese. I want her to stop eating junk food. She’s only 12 years old, and she has a lot of peer pressure at this age.”*

Another participant at this group commented:

*“Sometimes I don’t think it’s the junk food they eat, it’s the quantity they eat. Spanish people, we like to eat rice, potatoes, and bread at the same time. And that’s kind of in the same group.”*

One participant at the English single group is concerned that her child does not eat food that she prepares: *“My four- year old doesn’t eat what I cook. He eats toasted bread and cream cheese. Otherwise, he eats at school.”* This parent is concerned because she does not know what her child consumes in school. Another parent in this group is concerned because her child does not eat enough: *“My daughter tells me she doesn’t want to look at me. She’s four. She won’t eat anymore because she’s worried about her weight.”*

Several participants at the Spanish single women group reiterated concern over what their children are fed in school.

*“My children are frustrated with the food they offer at school.” (Single, Spanish)*

*“I would change the diet that they offer at school. If they bring their own food, they are not allowed to heat it up.” (Single, Spanish)*

A couple participants in the English married with infants group and Spanish married with elementary/middle school aged children group stated that they wish their children would eat more vegetables, but their children are picky eaters. A couple other parents at both groups also commented that their children do not eat much because they are picky eaters.

At the English married with infants group, only a few parents stated that they eat the same food that they prepare for their children. Most participants make separate foods for themselves and their children. Some parents admitted they feed their children healthier food than what they eat themselves.

*“I wish my son would eat more. He’s picky. He eats a little then he doesn’t want any more.” (Married with infants/toddlers, English)*

*“I want to eat better, but you have no time and you just grab junk food. I worry about what my son eats, I’m careful. But I don’t care what I eat. I don’t take as much care of myself.” (Married with infants/toddlers, English)*

Participants in the men’s group also commented on their children’s poor or picky eating behaviors.

*“I want her to eat what we eat. She only eats American food, and she eats what she wants. My wife makes it for her.”*

*“I have one kid who is a Happy Meal junkie. But if you give him real food he doesn’t eat it. I’ve been programmed with the fast food so I’d like to un-program my son.”*

## Information Needs

### Information/Support Needed by Participants

Participants were asked what sorts of information or support they need in order to help their families eat healthier and to be more physically active. In the English single women group, discussion on this topic revolved mostly around personal choice. Participants stated that they know about healthy eating and physical activity, but they lack the motivation and discipline to make those choices. A few parents commented on not being able to control their children’s behavior and to influence their habits and choices.

*“We have a lot of info but we don’t use it. Myself, I know what to eat but I don’t have time to eat it. I need access to healthy food quickly. I don’t eat food until I get home. The type of food available is a problem.”*

*“The problem is everywhere, not just Central Falls.”*

*“I can’t tell the big kids what to eat. They don’t listen to me. I did it when they were younger.”*

A couple of parents at this group stated that changes are needed in what children are given to eat at school.

*“The big kids, all they see is soda machines and candy machines. My kids eat candy for breakfast because they don’t have time to eat breakfast at home, and they eat candy while socializing. Then, they eat candy for lunch again because they say the food is gross.”*

Many participants at the English married with infants/toddlers group stressed the need to change foods served at schools as well.

*“Even at school they should change the system of what they feed kids. They feed pizza, chicken nuggets. It’s not just at home, school has a lot to do with it. They spend a lot of time in school.”*

Other parents at this group stated that they want to learn to cook different, healthier foods. One participant suggested using the Family Support Center in Central Falls (on Dexter Street), which has a program that allows a chef to come into homes and teach parents how to prepare food. Qualification requirements for this program were unclear, however.

Participants at the other groups made the following recommendations for information and support to help physical activity and healthy eating:

#### Physical Activity:

- Create places to go for recreational activities;
- Offer more activities during the winter;
- Offer transportation assistance;
- Offer programs at gyms and YMCA for low-income families;
- Offer flexible programs with flexible hours; and
- Distribute skating rink coupons.

#### Healthy Eating:

- Offer basic nutrition programs: *“I don’t know about the amount of food to feed my children. What to eat, how much to eat.”* (Married with elementary/middle school aged children, English);
- Suggest recipes highlighting healthy substitutions for cultural foods;
- Outline information on incorporating vegetables into cooking: *“Preparing ‘papas frita’ without grease. Eating vegetables isn’t big in our culture.”* (Married with infants/toddlers, Spanish);
- Teach how to cook healthier foods, and how long to cook them: *“It would be good to have someone teach us how to cook healthy within our culture.”* (Married with infants/toddlers, Spanish);
- Show ways of buying healthy foods; and

- Teach about portion size and how to read nutrition labels.

#### Other/Misc.:

- Offer more learning programs for children;
- Offer different kinds of after-school programs for children;
- Offer classes on time management and setting schedules for parents;
- Offer childcare services where needed; and
- Advertise programs in community to create motivation to exercise and to eat healthy.

Possible ways of disseminating information about programs available and about nutrition and exercise that were mentioned in the groups include:

- Programs about nutrition and exercise on TV or radio—example Spanish 990 station morning programs;
- Educational videos;
- Newspapers; and
- Community meetings to educate parents and children about nutrition and exercise.

### **Changes Needed in Community**

Participants suggested the following changes to the community to help physical activity and healthy eating:

#### Physical Activity

- Open a free or low-cost gym;
- Create new parks or clean existing ones: *“There is no security there and people just go there to smoke.” (Married with infants/toddlers, English);*
- Create programs and activities in the community: *“There is no options to do basically nothing here.” (Married with infants/toddlers, English);*
- Enforce safety in the community: *“The streets are bad. There is a lot of vandalism. It’s not safe to go out at night. The parks are bad. There are no lights.” (Married with infants/toddlers, Spanish);*  
(Note: A couple of participants at the English married woman with infants/toddlers group disagreed with the safety issue. They felt safe walking around in their community and going to the parks.)
- Offer no-cost or subsidized daycare;
- Open a nicer YMCA in the area; and
- Offer transportation assistance: *“Sometimes, I have to get three bus transfers to get from here to Providence. It takes me up to an hour on the bus to get there.” (Married with elementary/middle school aged children, English).*

#### Healthy Eating:

- Expand school menus to include healthy foods;
- Change general eating practices in schools: *“My kids get chocolate or cupcakes as a reward in school for doing well.” (Single, English)*
- Open a new grocery store that offers a variety of foods; and
- Open a grocery store that offers natural foods (such as Whole Foods).

One participant at the English single women group commented: *“I worry about the school sometimes. There are too many kids there. There’s a lot of problems with communication. A lot of Hispanic people don’t know their rights and they don’t go to the school to ask what’s happening with their kids.”*

## Testing of Sample Messages

### Messages That Would Encourage Healthy Eating Decisions

Participants were asked to evaluate a list of sample messages that could be used in campaigns to encourage healthy eating decisions. The top three messages that participants found most motivating to encourage healthy eating are:

1. Eating healthy makes you a good role model for your family.
2. Eating healthy helps prevent illnesses like cancer and heart disease.
3. Be healthy and strong to take care of your family.

Most participants gave a reason relating to their families for why the above messages appeal to them. They explained that they need to be healthy in order to take care of their children. Additionally, they want to set a good example for their children so that their children grow up to live healthy lives.

The following table summarizes how many participants selected each sample message as the most motivating to make healthy eating decisions. The number in each chart cell represents the number of participants who selected the corresponding message as their favorite. Note: In some cases, the participants each picked two favorite messages.

Table 5: Participants’ Favorite Sample Messages to Encourage Healthy Eating

Message	Number of Participants							
	Single, English	Single, Spanish	Married, Infants, English	Married, Infants, Spanish	Married, older children, English	Married, older children, Spanish	Men*	TOTAL
a. If you eat healthy, you will look good.					1	2		3
b. Eating healthy helps prevent illnesses like cancer and heart disease.	2	6	2	5	2	4	1	22
c. Eating healthy helps you live longer.			2		2	1	1	6
d. Eating healthy helps you feel good.		1	1	2	2	3	1	10
e. Be healthy and strong to take care of your family.	1	4	3	Some	2	1	1	12
f. If you eat healthy, you will be thinner.								0
g. Eating healthy makes you a good role model for your family.	2	1	3	3	4	10	1	24

\* Participants at the male group generally stated that they like all the messages.

The table below lists some reasons why the messages chosen appealed to participants.

a. If you eat healthy, you will look good.	<ul style="list-style-type: none"> <li>• <i>“When I look good, I feel good. When I look good, I’m happy.”</i> (Married with elementary/middle school aged children, English)</li> <li>• <i>“If my kids were here, they would pick A. Everything you watch on TV, there are skinny models. It’s always about looks.”</i> (Married with elementary/middle school aged children, English)</li> <li>• It’s important how you present yourself.</li> </ul>
b. Eating healthy helps prevent illnesses like cancer and heart disease.	<ul style="list-style-type: none"> <li>• <i>“You are the parent. Your kids need you, and you have to be there for them.”</i> (Single, English)</li> <li>• Have a history of cancer or heart disease in family.</li> <li>• See family members suffering from their illnesses and don’t want to go through that.</li> </ul>
c. Eating healthy helps you live longer.	<ul style="list-style-type: none"> <li>• <i>“What you eat reflects who you are.”</i> (Married with infants/toddlers, English)</li> <li>• Want to see children get older, be there for them.</li> <li>• Eating healthier helps deal with stress, and that helps live longer</li> </ul>
d. Eating healthy helps you feel good.	<ul style="list-style-type: none"> <li>• <i>“You can make your family feel healthy and good if you are.”</i> (Married with elementary/middle school aged children, English)</li> </ul>
e. Be healthy and strong to take care of your family.	<ul style="list-style-type: none"> <li>• <i>“I have kids. When I feel good, they are both good. When I’m sad, they’re both like, ‘What happened mommy?’ I have to eat healthy so I can feel good for them.”</i> (Married with infants/toddlers, English)</li> <li>• <i>“I would like to be there for my family, see them grow and be there for them.”</i> (Married with infants/toddlers, English)</li> <li>• Need to take care of children</li> </ul>
g. Eating healthy makes you a good role model for your family.	<ul style="list-style-type: none"> <li>• <i>“Because your kids are watching. They see you smoke, and they smoke.”</i> (Single, English)</li> <li>• <i>“If I feel good and I like the way I look, it will reflect on my family.”</i> (Married with infants/toddlers, English)</li> <li>• Cook healthy foods so that children learn from their parents to eat healthy.</li> </ul>

Other messages suggested by participants are:

- *“Respect your body by eating healthy.”* (Married with infants/toddlers, English)

Some parents in the Spanish married with infants/toddlers group didn’t like message C because of its “live longer” message; it wasn’t meaningful for them. In addition, message F did not appeal to most participants at this group; this message would not be motivating for them.

Messages That Would Encourage Physical Activity

Participants were asked to evaluate a list of sample messages that could be used in campaigns to encourage physical activity. The top three messages that participants found most motivating to encourage physical activity are:

1. If you make exercise/physical activity part of your regular routine, you'll feel better about yourself.
2. Doing physical activity as a family is a good way to spend time together.
3. Being physically active makes you a good role model for your children.

The reasons most participants gave for why the above messages appeal to them are similar to the reasons why they selected their favorite healthy eating messages. They explained that they are better able to take care of their families when they are happy and when they feel good about themselves. Similarly, they stated that they want to set a good example for their children so that their children grow up to live healthy lives.

The following table summarizes how many participants selected each sample message as the most motivating to be more physically active. The number in each table cell represents the number of participants who selected the corresponding message as their favorite. Note: In some cases, the participants each picked two favorite messages.

Table 6: Participants' Favorite Sample Messages to Encourage Physical Activity

Message	Number of Participants							
Group	Single, English	Single, Spanish	Married, Infants, English	Married, Infants, Spanish	Married, older children, English	Married, older children, Spanish	Men*	TOTAL
a. If you exercise regularly, you will look healthy and strong.		1				1	1	3
b. If you make exercise/physical activity part of your regular routine, you'll feel better about yourself.		3	2		5	6		16
c. Regular physical activity helps prevent illnesses like diabetes and osteoporosis (weak bones).	1	3	2	1	1		1	9
d. Exercise 30 minutes a day to stay healthy.		2			1	3		6
e. Doing physical activity as a family is a good way to spend time together.	1		2	3	4	3	3	16

Message	Number of Participants							
Group	Single, English	Single, Spanish	Married, Infants, English	Married, Infants, Spanish	Married, older children, English	Married, older children, Spanish	Men*	TOTAL
f. Exercise helps you stay healthy and strong for your family.		2	1	2	1	1		7
g. Being physically active makes you a good role model for your children.	1	1	3	3	2	3	1	14

\* Participants at this group generally stated that they like all the messages.

The following are reasons why the messages chosen appealed to participants:

b. If you make exercise/physical activity part of your regular routine, you'll feel better about yourself.	<ul style="list-style-type: none"> <li>• <i>"If I feel better, I will be happy and my family will be happy."</i> (Married with infants/toddlers, English)</li> <li>• <i>"Exercise is good for depression and for hypertension. When I exercise, I feel better, different."</i> (Married elementary/middle school aged children, English)</li> <li>• Boosts self-esteem</li> </ul>
c. Regular physical activity helps prevent illnesses like diabetes and osteoporosis (weak bones).	<ul style="list-style-type: none"> <li>• <i>"If you are sick, you have nothing."</i> (Married with infants/toddlers, Spanish)</li> </ul>
d. Exercise 30 minutes a day to stay healthy.	<ul style="list-style-type: none"> <li>• <i>"Thirty minutes a day seems like good medicine for me."</i> (Married with elementary/middle school aged children, Spanish)</li> </ul>
e. Doing physical activity as a family is a good way to spend time together.	<ul style="list-style-type: none"> <li>• <i>"If every body exercises together, it helps everyone to get motivated."</i> (Married with infants/toddlers, English)</li> <li>• Get husbands who don't like to exercise to join in.</li> <li>• Good family activity that everyone can enjoy</li> </ul>
f. Exercise helps you stay healthy and strong for your family.	<ul style="list-style-type: none"> <li>• <i>"I always liked sports, and I want to be able to do that with my son."</i> (Married with infants/toddlers, English)</li> <li>• <i>"I want to stay strong for them because if I'm not around, I don't know what will happen to them."</i> (Married with infants/toddlers, Spanish)</li> </ul>
g. Being physically active makes you a good role model for your children.	<ul style="list-style-type: none"> <li>• <i>"If the kids see me exercise, they'll think it's a good thing. They will see mom not have any health problems, and they'll feel good about that."</i> (Married with infants/toddlers, English)</li> </ul>

## Sources of Information

Many participants stated that they get their health information from their doctors. The following sources of health information were also listed:



- WIC (2 participants at Spanish single women group; all participants at Spanish married with infants/toddlers group);
- Medical centers—brochures (2 participants at Spanish single group);
- Television (Spanish single group; many participants at Spanish married with infants/toddlers group; English married with elementary/middle school aged children group; Men group);
- Progreso Latino/Community Centers (Spanish single women group; English married with infants/toddlers group; Spanish married with infants toddlers group; Spanish married with elementary/middle school aged children group);
- Magazines (Spanish single group; Spanish married with elementary/middle school aged children group; English married with elementary/middle school aged children group—specifically mentioned Prevention magazine; Men group);
- Internet—Univision and WebMD (Single English group; English married with infants/toddlers group; English married with elementary/middle school aged children group);
- Books (Single English group; English married with infants/toddlers group; Spanish married with elementary/middle school aged children group);
- Nutritionist (Single English group);
- Children’s Friends and Services (Spanish married with elementary/middle school aged children group);
- Friends and family (English Married with infants/toddlers group; Spanish married with infants/toddlers group);
- Health programs at church (Spanish married with infants/toddlers group);
- Radio-Podor 1110/990: (Spanish married with infants/toddlers group; Spanish married with elementary/middle school aged children group);
- Flyers (English married with elementary/middle school aged children group);
- Schools—health information sent home (English married with elementary/middle school aged children group); and
- Insurance—Blue Cross Blue Shield (Men group).

### Perceptions of Overweight

Some participants in the English single women group stated that overweight is not a problem in their families whereas others stated that it is. One participant stated that she feels discriminated against at work because of her size.

Participants at the Spanish single women group described being overweight as being “fat,” “out of shape,” and not being “height/weight proportional.” One person admitted that overweight is a problem in her family.

Participants at the English married with infants/toddlers group stated that overweight means being fat, but most women think that they are not overweight. One participant stated that she considers herself “chubby” but not obese. Participants stated:

*“Fat, but you shouldn’t go with the American guidelines.”*

*“Obese would be 400, 500 pounds. I’m considered obese, but I’m not obese!”*

*“If you look at my son, his legs are skinny. They told me that my son is overweight. I like a person to have meat. I don’t want to hug my husband and have nothing there.”*

Participants at this group did say, however, that overweight “is a problem.” They stated that many health problems are related to overweight and obesity. They said, however, that the American lifestyle lends itself to overweight and obesity. They stated:

*“The food here, they put a lot of chemicals in it. And everything you do in our countries, you walk and you’re always active.”*

*“You appreciate food more there because you don’t have it as much as you do here.”*

*“In my country, the people need to walk a lot. Here, there’s a car to go everywhere.”*

Participants at the Spanish married with infants/toddlers group defined being overweight as being “more than normal weight.” All participants stated that overweight is a problem in their families; someone in their family is overweight.

Participants in the Spanish married with elementary/middle school aged children group stated that overweight means having “too much weight.” One person described it as a sickness. About 75% of the participants in this group stated that they have someone overweight in their family. They stated that overweight and obesity lead to stress and poor mental health.

*“You can’t do all your activities. You are deprived from doing things.”*

Participants in the English married with elementary/middle school aged children also described overweight as not being of “normal” weight. They described “normal weight” as being height/weight proportional. Many participants admitted that overweight is a problem in their families.

*“My husband is gaining a lot of weight. Now he’s not happy and he doesn’t want to move. Before he was active, he played outside with our son; he was happy all the time. Now he wants to stay in the house...I tried to talk to the doctor, but my husband doesn’t want to go to the gym or diet. He gets mad if I give him low calorie food.”*

## **SECTION 3**

# **REPORT OF FINDINGS: QUESTIONNAIRES COMPLETED BY FOCUS GROUP PARTICIPANTS—CENTRAL FALLS RESIDENTS**

## METHODOLOGY

This section of the report presents findings from a self-administered questionnaire that PSI developed—working with HEALTH—to supplement the information gathered in the focus groups. The questionnaire collected more detailed information about participants’ eating habits and infant feeding practices. Questions focused on identifying the following:

- Food groups/categories of food regularly consumed by participants, including:
  - Fruit/fruit juice
  - Vegetables
  - Milk, yogurt, cheese
  - Soda/sweetened drinks
  - Red meat
  - White bread, potatoes, pasta, white rice
- Snacking habits between meals
- Consumption of fast food
- Meat preparation techniques, including:
  - Baking
  - Grilling
  - Frying
  - Broiling
- Infant feeding practices, including:
  - Breastfeeding
  - Formula feeding
  - Introduction of solid foods
- Demographic information, including:
  - Age
  - Weight
  - Height
  - Income
  - Education
  - Country of origin
  - Years in country
  - Employment status

Focus group participants were asked to complete a questionnaire prior to the start of each group. Separate questionnaires were developed for males and females, and participants were given an option to complete the questionnaire in either English or Spanish (the questionnaire for females asked more detailed questions about infant feeding practices as they relate to each child in the household). Both questionnaires included 19 questions, and participants were allotted up to 30 minutes to complete the questionnaire.

See Appendices E and F for Questionnaire for Women and Questionnaire for Men.

Of the 68 total focus group participants, only one failed to complete the questionnaire due to late entry in a group. The participant left prior to completing the questionnaire at the end of the focus group session. Five or six participants (mainly from the Spanish-speaking sessions) required assistance by the moderator and note-taker to complete the questionnaire due to literacy issues.

### Limitations of the Self-Administered Questionnaire

There are several limitations to the use of a self-administered questionnaire, including:

- Inability to easily gauge participants' literacy level (Note: The group moderator and note taker assisted some participants with filling out the survey when they observed that participants were struggling or if the participant asked for help);
- Inability to allot a standard amount of time for each participant to complete the questionnaire (participants arriving at the focus groups on time were allotted more time to complete the questionnaire, as opposed to participants who arrived late); and
- Inability to control "sharing of answers." Several participants were discussing the questionnaire during its completion. Despite the efforts of the moderator to control the situation, some "answer sharing" likely occurred.

A further limitation of the self-administered questionnaire is that some questions were left unanswered by participants, and some participants gave more than one answer to a question that required only one answer.

It is also important to note that this questionnaire was not tested for validity prior to its use due to budgetary and time constraints. The information obtained from the questionnaires should be used to gain an overall sense of eating habits and infant feeding practices of a sample of the Hispanic community within Central Falls, but should not be assessed in terms of statistical significance or raw percentages.

### Data Analysis

Findings from the participant questionnaires were analyzed overall and by segmenting the data by:

- Gender,
- Number of years in the country, and
- Completion of questionnaire in English versus Spanish.

Data were segmented by "number of years in the country" as follows: 0-5 years, 6-14 years, and 15+ years of residency in the United States. The rationale for this segmentation strategy is that an immigrant's first few years in a country are likely more critical vis-à-vis cultural acclimation and influence of the new country's culture on the immigrant's behavior than later years. Therefore, the segmentation of respondents by number of years in the country was designed to reflect the experiences of very recent immigrants compared to those who have been living in the United States for longer. Based on this rationale, it is predicted that each segment would represent the following perspectives:

- Participants residing in the United States less than 5 years are likely to have stronger cultural ties to their countries of origin in terms of eating, physical activity, and breastfeeding habits and beliefs, and are less likely to be acclimated to or influenced by the practices typical of people residing in the United States for a longer period of time.
- Participants residing in the United States for between 6 and 14 years are likely to have adapted at least some of the eating, physical activity, and breastfeeding habits and beliefs practiced more commonly by people who have been in the country longer, or who were born here, but may still retain the beliefs and practices of their country of origin to some extent.
- Participants residing in the United States for 15 years or longer likely represent those who are fully acclimated to the eating, physical activity, and breastfeeding habits and beliefs

commonly practiced in the United States, or represent people who were born in the United States and are second or third generation Hispanics.

Analyzing the findings by number of years of residence in the United States could be significant in relation to implementation of interventions by organizations able to segment in that manner. These findings will provide the project team with an opportunity to decide—based on each group’s attitudes, behaviors, and needs—whether separate interventions are needed to target Hispanic residents of Central Falls who are new to the United States versus Hispanic residents of Central Falls who have lived in the U.S. for a longer amount of time.

### **Completion of Questionnaire in English versus Spanish**

During the initial process of analysis, data were also segmented by completion of the questionnaire in English versus Spanish. Upon analyzing the data segmented by language preference, it was discovered that the trends indicated in the data as segmented by “number of years in the country” were imitated by the trends shown in the data as segmented by completion of the questionnaire in English versus Spanish. Therefore, it was concluded that number of years in the country can be used as an indicator of the completion of the questionnaires in English versus Spanish; and that a separate complete analysis by language preference was not necessary.

This relationship is exemplified by the finding that participants who completed the questionnaire in Spanish have been living in the United States for an average of 9.5 years, while participants who completed the questionnaire in English have been living in the country for an average of 17 years. This shows that participants living in the U.S. longer are more likely to feel comfortable reading/writing English, and therefore self-selected to complete the English questionnaire, and participants in living the U.S. for a lesser amount of time are less likely to feel comfortable reading/writing English, and therefore self-selected to complete the Spanish questionnaire (even if taking part in an English-speaking focus group session.)

### **Other Demographic Factors**

A summary of other demographic factors including income, education, country of origin, and employment status is included in this report. This information can be used to gain a better understanding of the focus group participants’ socio-economic status as it relates to that of the rest of Central Falls’ residents (i.e., was this group of focus group participants representative of the greater Central Falls community).

Additionally, focus group participants were recruited on the basis of their marital status and the age of their child(ren). During the groups, we learned that many of the participants had children that spanned more than one of the identified age categories. For example, several participants in the married with elementary/middle school aged children group also had infants or toddlers. They, therefore, self-selected or were placed into one group or the other based on availability, personal preference, etc. Because of this inconsistency, we are not able to analyze the findings from the participant questionnaires on the basis of children’s ages.

## DETAILED FINDINGS

### Demographic Information About Participants

The data collected in the questionnaire are presented for all respondents. In addition, the data are segmented by gender and by number of years in country where there are notable differences in the responses given by the segmented populations. Table 1 below summarizes the breakdown of the number of respondents (N) by number of years in country, by gender, and by the language in which the participants completed the questionnaire.

Table 1: Number of Respondents By Gender and Language of Questionnaire Completed

	<b>Total</b>	<b>Gender</b>		<b>Language</b>	
	(N)	<i>Female</i>	<i>Male</i>	<i>English</i>	<i>Spanish</i>
All respondents	67	58	9	30	37 (All female)
Living in US for 0-5 years	11	11	0	1	10 (91%)
Living in US for 6-14 years	31	27	4	12	19 (61%)
Living in US for 15+ years	25	20	5	17	8 (32%)

As Table 1 demonstrates, the largest number of respondents have lived in the US for 6-14 years (n=31), and the number of respondents who have lived in the country for 15+ years are a close second (n=25). Only 16% of respondents have lived in the country for 5 or fewer years (n=11), and they are all female. Additionally, respondents who chose to complete the questionnaire in Spanish were all female.

Table 2 below summarizes the demographic information for respondents by gender and by number of years in the country.

Table 2: Demographic Information by Gender and Number of Years in Country

	<b>Total</b>	<b>Gender</b>		<b>Number of Years in Country</b>		
	(n=76)	<i>Female</i> (n=58)	<i>Male</i> (n=9)	<i>0-5</i> (n=11)	<i>6-14</i> (n=31)	<i>15+</i> (n=25)
<b>Average Age</b>	34	34	32	33	35	32
<b>Average Number of Years in US</b>	12	12	12	4	9	21
<b>Income</b>						
<\$10,000	28%	31%	11%	27%	16%	44%
\$10,000-\$14,999	16%	19%	0%	18%	23%	8%
\$15,000-\$24,999	25%	26%	22%	36%	23%	24%
\$25,000-\$34,999	21%	19%	33%	18%	23%	20%
\$35,000+	9%	5%	33%	0%	16%	4%
<b>Highest Level of Education</b>						
Elementary/Grade School	13%	14%	11%	9%	19%	8%
Some High School	18%	17%	22%	9%	10%	32%
Graduated High School	22%	19%	44%	9%	26%	24%
Some College	31%	33%	22%	36%	39%	20%

	Total	Gender		Number of Years in Country		
	(n=76)	Female (n=58)	Male (n=9)	0-5 (n=11)	6-14 (n=31)	15+ (n=25)
Graduate College	10%	12%	0%	27%	6%	8%
Advanced Degree	3%	3%	0%	9%	0%	4%
<b>Country of Origin</b>						
Argentina	1%	2%	0%	2%	0%	0%
Columbia	45%	45%	44%	9%	58%	28%
Costa Rica	1%	0%	11%	0%	0%	0%
Dominican Republic	10%	12%	0%	0%	13%	12%
Ecuador	1%	2%	0%	0%	3%	0%
El Salvador	3%	3%	0%	2%	3%	0%
Guatemala	12%	10%	22%	0%	10%	20%
Mexico	13%	12%	22%	5%	10%	12%
Nicaragua	1%	2%	0%	0%	3%	0%
Puerto Rico	7%	9%	0%	0%	0%	20%
Venezuela	3%	3%	0%	2%	0%	4%
<b>Employment Status</b>						
Employed Full-Time	48%	41%	89%	18%	58%	48%
Employed Part-Time	10%	10%	11%	0%	13%	12%
Unemployed	42%	48%	0%	82%	29%	40%

Table 2 shows that:

- **Income:** Most respondents (91%) have an annual household income of less than \$35,000/year. Additionally, 28% of participants have an annual household income of less than \$10,000.
- **Education:** Most participants (66%) have graduated high school, and many (44%) have gone on to take at least some college classes.
- **Country of Origin:** Many participants (45%) listed Columbia as their country of origin. Several participants were from the Dominican Republic (10%), Guatemala (12%), Mexico (13%), and Puerto Rico (7%).
- **Employment Status:** A little less than half (48%) of participants are employed full time and a few (10%) are employed part-time. Many participants (42%) are unemployed. All of the participants who are unemployed are women, and most of the women who have been living in the US for 0-5 years are unemployed (82%).

### Healthy Weight: Body Mass Index (BMI)

Survey respondents were asked to list their height and weight, and the data was used to calculate the respondents' Body Mass Index (BMI). An average BMI was calculated in order to understand and compare the height/weight distribution of respondents. Table 2 below summarizes the average BMI data for all respondents and for each segment of respondents.



Table 2: Body Mass Index (BMI) of Respondents By Gender and By Number of Years in Country

	Average BMI*
All respondents (N=60**)	28
Female	28
Male	27
Living in US for 0-5 years	26
Living in US for 6-14 years	27
Living in US for 15+ years	31

\*Standard BMI scale: 20-25=Normal weight; 25-29.9=Grade I Obesity; 30-40=Grade II Obesity; 40+=Grade III Obesity.<sup>6</sup>

\*\* Data for only 60 respondents were calculated because 7 respondents did not provide a height or weight.

As Table 2 shows, the average BMI of all respondents (BMI = 28) is in the range of Grade I Obesity. There is not much difference in the average BMIs of respondents by gender. There is however, a difference in average BMI by years of residency in the country. Respondents who have lived in the country for 5 or fewer years or 6-14 years have average BMIs of 26 and 27 respectively—in the Grade I Obesity category. Participants who have resided in the country for 15 or more years have an average BMI of 31—in the Grade II Obesity category. These data indicate that respondents who have lived in the country for fewer years have healthier average weights for their heights than respondents who have lived in the country for more years.

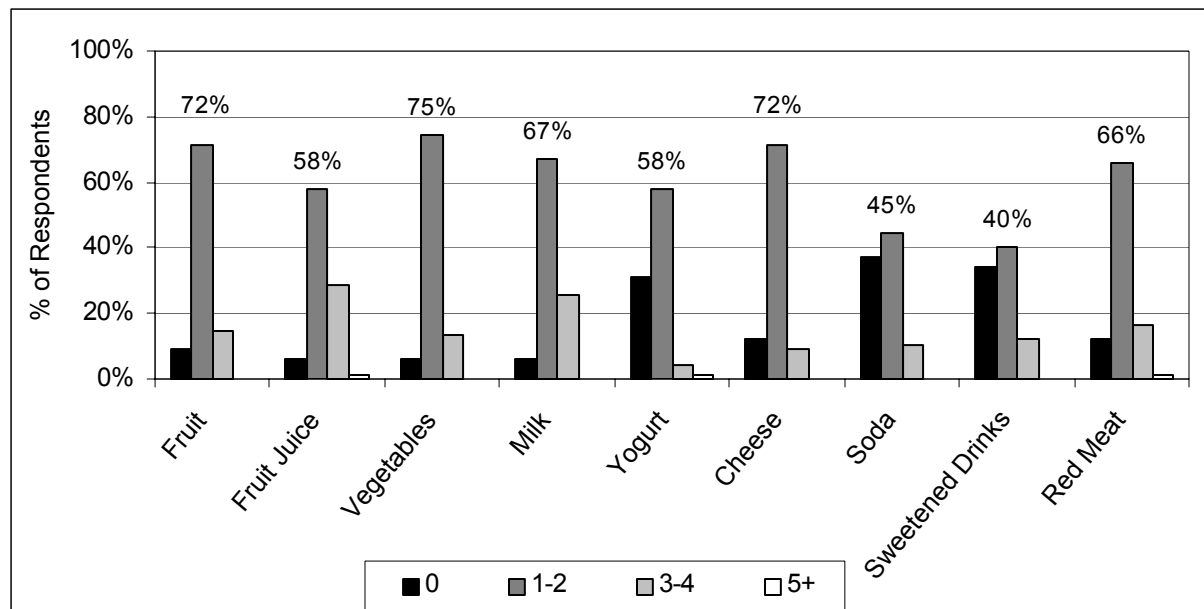
## Eating Habits

### General Foods Consumed Daily

Respondents were given a list of foods and asked how many servings of these foods they eat per day. Chart 1 below summarizes responses from all respondents.

<sup>6</sup> Mahan KL, Escott-Stump S. *Krause's Food, Nutrition, & Diet Therapy*. W.B Saunders Company, 1996. 372.

Chart 1: Number of Servings of Foods Consumed Per Day—All Respondents



Overall, most respondents indicated that they consume 1-2 servings daily of fruit, fruit juice, vegetables, milk, yogurt, cheese, and red meat. Most respondents consume some fruits and vegetables a day as only 8% stated that they do not consume any fruits or vegetables a day. Yogurt is not as popular as the other dairy products (milk and cheese) as a smaller percentage of participants consume 1-2 or 3-4 servings of yogurt on a daily basis, and a third of participants indicated that they do not consume any servings of yogurt on a daily basis. In addition, a notable number of respondents indicated that they consume 3-4 servings daily of fruit juice (28%), milk (25%), and red meat (16%), indicating that these may be high daily consumption foods.

Although not as many respondents reported consuming soda and sweetened drinks daily as the healthier foods on the list, 45% of respondents indicated that they consume 1-2 servings of soda daily and 40% stated that they drink 1-2 servings of sweetened drinks daily. A little more than a third of respondents stated that they do not drink soda (37%) and sweetened drinks (34%) daily.

#### Segmentation By Number of Years in Country

Table 3: Consumption of Soda by Years of Residency

Number of Servings/day of Soda	0-5 Years (n=11)	6-14 years (n=31)	15+ years (n=25)
0	73%	23%	40%
1-2	18%	48%	52%
3-4	0%	16%	8%
5+	0%	0%	0%

There appears to be a significant difference in soda consumption between respondents who have lived in the country for shorter periods of time versus those who have lived in the US longer; the latter group is much more likely to drink soda daily. Of the respondents who have lived in the US

for 0-5 years, 73% stated that they do not consume any soda daily whereas smaller percentages of respondents who have lived in the US for 6-14 years (23%) and 15+ years (40%) stated this.

Additionally, data indicate that respondents who have lived in the US for 0-5 years are slightly less likely to consume yogurt, cheese, and milk (dairy foods) than those who have lived in the country longer.

- Yogurt: Of those who have lived in the country for 0-5 years, 55% consume 0 servings of yogurt per day and 46% consume 1-2 servings per day. In comparison, two-thirds of respondents who have lived in the country longer than 5 years consume 1-2 or 3-4 servings of yogurt daily.
- Cheese: More than a quarter of respondents who have resided in the US for less than 0-5 years (27%) reported that they do not eat any cheese on a daily basis, while less than 10% of the other respondents do not consume cheese daily.
- Milk: A quarter of the respondents who have lived in the country for 15+ years (28%) and those who have lived in the country for 6-14 years (29%) stated that they drink 3-4 servings of milk a day, while only 9% of the residents who have lived in the country for 0-5 years stated that they have that many servings—most have fewer.

#### Segmentation by Gender

Although differences between male and female respondents with regards to foods consumed on a daily basis are minimal and conclusions cannot be drawn definitively due to the small sample size of male respondents, it is notable that:

- A higher percentage of men reported eating 3-4 servings of fruit a day than women (33% of men versus 12% of women);
- Men reported consuming more milk per day than women (89% of men drink 3-4 or 5+ servings of milk a day whereas 71% of women drink 1-2 servings a day);
- Men reported consuming more sweetened drinks per day than women (0% of men indicated they drink no servings of sweetened drinks a day whereas 40% of women indicated they do not consume any sweetened drinks a day); and
- Men reported consuming more red meat than women (56% of men consume 3-4 or 5+ servings of red meat a day whereas only 16% of women consume 3-4 or 5+ servings of red meat per day).

#### **Consumption of Carbohydrates**

The questionnaire listed four kinds of simple, white carbohydrates—white bread, potatoes, pasta, and white rice—and asked participants how many of these they eat. Chart 2 and Table 4 summarize how many of these simple carbohydrate foods respondents eat and the number of servings of these carbohydrates that respondents consume by number of years in country.

Chart 2: Number of Simple Carbohydrates Consumed by Number of Years in Country\*

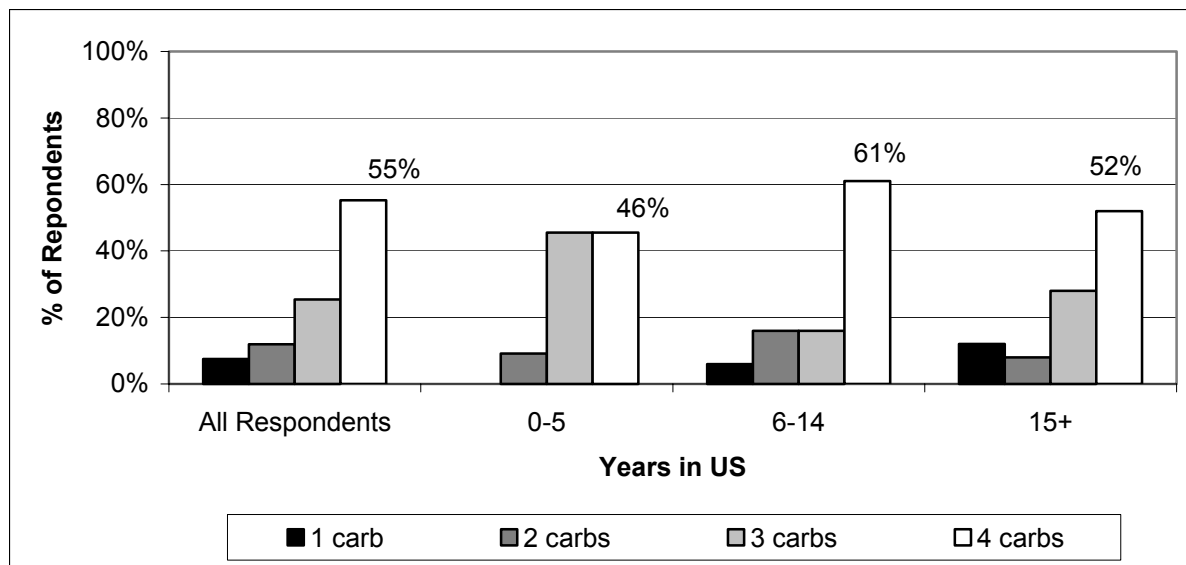


Table 4: Number of Servings of Simple Carbohydrates Consumed by Respondents by Number of Years of Residency in US

# of Servings	Total (n=67)	0-5 years (n=11)	6-14 years (n=31)	15+ years (n=25)
1 or fewer/week	9%	0%	6%	16%
2/week	21%	18%	16%	28%
3-4/weeks	37%	45%	26%	48%
1-2/day	27%	36%	39%	8%
3+/day	5%	0%	10%	0%

Of all survey respondents, most respondents stated that they eat all four (55%) or three (25%) of these foods. A much lower percentage eats only two (12%) or one (8%) of these. Most respondents (58%) have 2-4 servings of these foods a week, and a little less than a third (27%) have 1-2 servings a day.

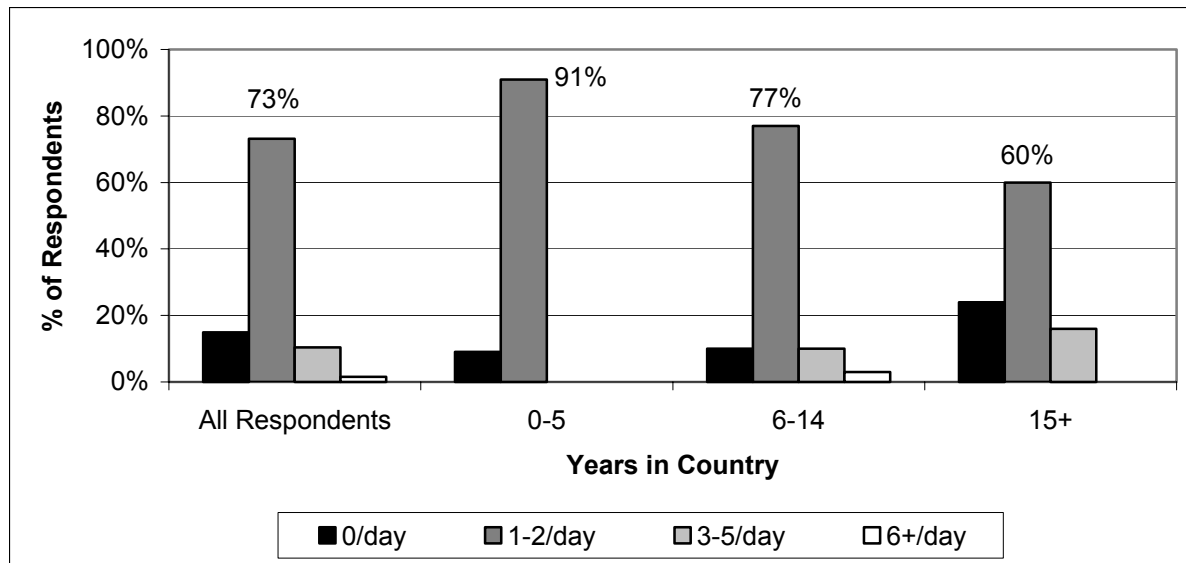
Respondents who have been residing in the US for fewer years consume slightly more of these carbohydrates more frequently than those who have been in the US for longer time periods. Of the respondents who have been living in the US for 0-5 years, 91% eat 3 or 4 of these carbohydrates, whereas 77% of those living in the US for 6-14 years and 80% of those living in the US for 15+ years eat 3 or 4 of these foods. In addition, 36% of those living in the US for 0-5 years and 39% of those living in the US for 6-14 years eat 1-2 servings a day of these carbohydrates whereas only 8% of those living in the US for 15+ years eat 1-2 servings a day.

The responses for this question did not vary by gender.

### Consumption of Snacks

Respondents were asked how often they eat snacks or drink beverages between meals, and they were asked to select the foods they snack on from a list. Their responses are summarized in the chart below.

Chart 3: Frequency of Snacking Between Meals By Number of Years in Country



Most respondents (73%) indicated that they snack 1-2 times a day. Popular snacks include water (66%), fruit (52%), yogurt (46%), juice (46%), soda (40%), and coffee (37%).

Respondents who have been living in the US for longer periods of time are slightly more likely to snack more times a day than those who have been living in the country for shorter periods of time—0% of respondents living in the country for 0-5 years stated that they snack 3-5 times a day whereas 10% of those living in the country for 6-14 years and 16% of those living in the country for 15+ years snack 3-5 times a day.

Table 5: Differences in Snacks By Number of Years in Country

Snacks	0-5 years (n=11)	6-14 years (n=31)	15+ years (n=25)
Vegetables	27%	19%	16%
Water	73%	71%	56%
Coffee	73%	39%	20%
Milk	45%	32%	20%
Soda	18%	42%	48%
Potato Chips	18%	16%	32%
Chocolate	0%	29%	24%
Crackers	9%	19%	32%

As Table 5 demonstrates, respondents who have been living in the US for fewer years are more likely to snack on healthier foods including vegetables, water, and milk than those living in the US for more years.

Respondents who have been living in the US for fewer years are less likely to snack on less healthy foods including soda, potato chips, chocolate, and crackers than those living in the US for more

years. Note: More respondents who have been living in the country for fewer years report snacking on coffee than respondents who have been living in the US longer.

Respondents' snacking habits did not vary by gender.

### Consumption of Fast Food

Respondents were asked how often they eat fast food such as McDonald's, Burger King, Wendy's, Kentucky Fried Chicken, etc. Responses from all respondents and responses segmented by gender and by number of years in country are summarized in Table 7 below.

Table 7: Frequency of Fast Food Consumption by Gender and By Number of Years in Country

	All Respondents	Gender		Number of Years in Country		
	(n=67)	Male (n=9)	Female (n=58)	0-5 (n=11)	6-14 (n=31)	15+ (n=31)
Don't eat fast food	25%	0%	29%	36%	29%	16%
1-2 times/week	64%	67%	64%	64%	58%	72%
3-5 times/week	9%	33%	5%	0%	10%	12%
6+ times/week	0%	0%	0%	0%	0%	0%

Most respondents (64%) indicated that they consume fast food 1-2 times per week, and 25% stated that they do not eat fast food. A few participants (9%) eat fast food 3-5 times a week. Note: This is inconsistent with what participants stated in the focus groups; during the focus groups, many participants reported that they do not eat fast food as frequently as noted above. This inconsistency in responses may be due to respondents' greater comfort level reporting consumption of fast food in a "private setting" versus during an open discussion group.

A higher percentage of male respondents reported consuming more fast food per week than female respondents. Of the female respondents, 29% stated that they do not eat any fast whereas no male respondents gave this answer. Additionally, 33% of male respondents indicated that they eat fast food 3-5 times a week, whereas only 5% of female respondents gave this answer.

Respondents who have been living in the US for more years are more likely to consume fast food than respondents who have been living in the US for fewer years. Of the respondents who have been living in the US for 15+ years, only 16% stated that they do not eat fast food, whereas 36% of those living in the US for 0-5 years and 29% of those living in the US for 6-14 years stated that they do not eat fast food.

### Consumption of Red Meat

Respondents were asked how often they eat red meat as their main dish. Responses for all respondents and responses segmented by gender and by number of years in country are summarized in Table 8 below.

Table 8: Frequency of Red Meat Consumption by Gender and By Number of Years in Country

	<b>All Respondents</b>	<b>Gender</b>		<b>Number of Years in Country</b>		
	(n=67)	<i>Male</i> (n=9)	<i>Female</i> (n=58)	<i>0-5</i> (n=11)	<i>6-14</i> (n=31)	<i>15+</i> (n=31)
Don't eat red meat	7%	0%	6%	9%	6%	4%
1-2 days/week	60%	22%	55%	82%	42%	60%
3-5 days/week	29%	67%	34%	9%	45%	32%
6-7 days/week	3%	11%	5%	0%	0%	4%

Most respondents (55%) indicated that they eat red meat 1-2 days per week and many (34%) eat red meat 3-5 times a week. Note: The findings to this question are inconsistent with the findings of an earlier question, in which most respondents (66%) stated that they consume 1-2 servings of red meat per day (see Chart 1).

Male respondents consume red meat more often than female respondents. Most men (67%) stated that they eat red meat 3-5 days per week whereas most women (60%) stated that they eat red meat 1-2 days per week.

Respondents who have been living in the US longer tend to eat red meat more often than respondents who have not been living in the US for long. Of the respondents who have been living in the US for 0-5 years, only 9% stated that they eat red meat 3-5 times a week whereas 45% of respondents who have been living in the country for 6-14 years and 32% of respondents who have been living in the US for 15+ years stated that they eat red meat 3-5 times a week.

### Meat Preparation

Respondents were asked how they prepare their meat, such as steak, fish, chicken, or pork. Responses for all respondents and responses segmented by gender and by number of years in country are summarized in Table 9 below.

Table 9: Meat Preparation Techniques by Gender and By Number of Years in Country

	<b>All Respondents</b>	<b>Gender</b>		<b>Number of Years in Country</b>		
	(n=67)	<i>Male</i> (n=9)	<i>Female</i> (n=58)	<i>0-5</i> (n=11)	<i>6-14</i> (n=31)	<i>15+</i> (n=31)
Bake, grill, and/or broil	52%	22%	57%	45%	50%	56%
Fry and bake, grill, or broil	37%	77%	31%	36%	38%	36%
Fry	10%	0%	12%	18%	10%	8%

About half the participants (52%) stated that they bake, grill, and/or broil their meat. Many participants (37%) sometimes fry or sometimes use healthier preparation options such as bake, grill, or broil. Only about 10% of respondents regularly fry their meat.

Female respondents are more likely to prepare their meat in healthier ways than male respondents. Most female respondents (57%) stated that they bake, grill, and/or broil their meat whereas only

22% of male respondents stated this. Most men (77%) sometimes fry or sometimes use healthier preparation options such as bake, grill, or broil.

Respondents who have been living in the US longer are slightly more likely to prepare meat in healthier ways than respondents living in the US for a shorter time period. Of the respondents living in the US for 15+ years, 56% stated that they bake, grill, or broil their meat versus 45% of respondents who have been living in the US for 0-5 years. Additionally, only 8% of respondents living in the US for 15+ years stated that they fry their meat, whereas 18% of respondents living in the US for 0-5 years stated this.

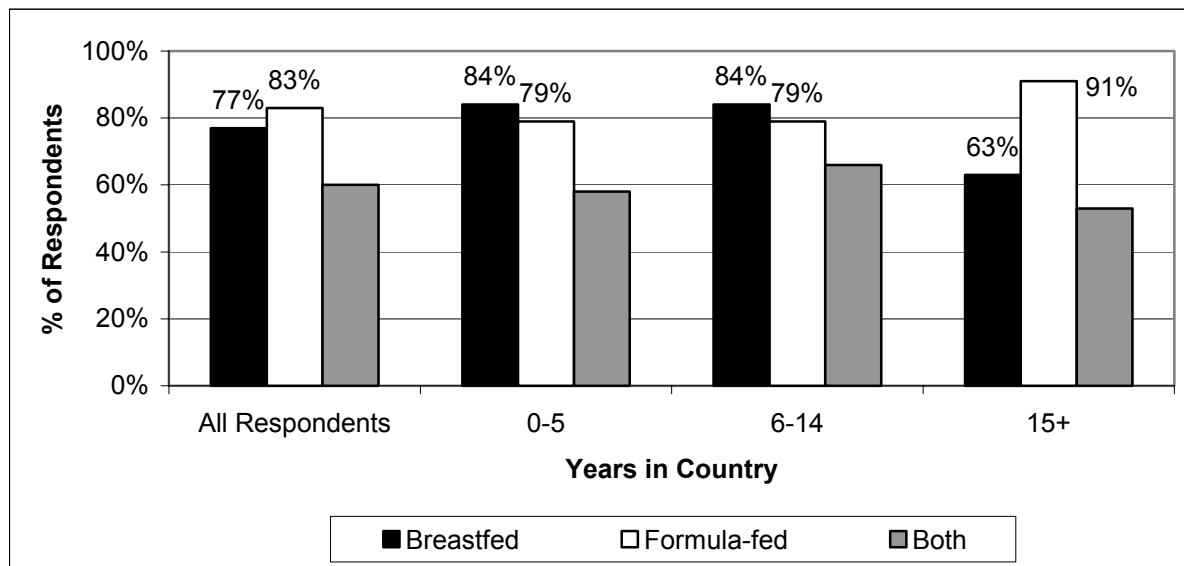
## Breastfeeding

### Breastfeeding and Formula-feeding

Female respondents were asked if they breastfed or formula-fed their children. On the questionnaire, they were given an option to provide this information for **each** of their children. Data gathered on this question represents a total of 124 children.

Male respondents were also asked if their spouse or partner breastfed or formula-fed their children, but they were asked to provide only “yes,” “no,” “both,” or “I don’t know” as answers. Chart 4 summarizes responses to this question by number of years in country.

Chart 4: Number of Children\* Who Were Breastfed or Formula-fed by Number of Years in Country



\*Note: Data reflect percentages of children: n=124.

Of all the respondents, 77% of children were breastfed at some point and 83% of children were formula-fed at some point. Of all respondents, most children (60%) were both breastfed AND formula-fed, 15% were exclusively breastfed and 23% were exclusively formula-fed.

Fewer female respondents who have been living in the US for 15+ years breastfed their children at some point (63% of children) than women who have been living in the US for 0-5 or 6-14 years



(84% of children). Additionally, slightly more female respondents who have been living in the US for 15+ years formula-fed their children at some point (91% of children) than women who have been living in the US for 0-5 or 6-14 years (79% of children).

Overall, female respondents stopped breastfeeding their children when their children were an average of 8 months old. This estimate includes those who provided a combination of breast milk and formula to their children. Respondents who have been in the US for 0-5 years breastfed their children longer (an average of 10 months) than women who have been in the US longer (8 months for those living in the US for 6-14 years and 7 months for those living in the US for 15+ years).

Overall, female respondents started formula-feeding their babies at an average of 3 months. Women who have been in the US for 15+ years started formula-feeding at an average of 2 months, whereas women who have been in the country for 0-5 years waited 3 months and women who have been in the country for 6-14 years waited 4 months.

### **Reasons for Breastfeeding or Formula-feeding**

When asked about their reasons for choosing breastfeeding, respondents generally stated that they breastfed their children due to the benefits of breastfeeding:

*“I nursed to give him the benefits of mother’s milk.”*

*“To offer the best food for their health.”*

*“I nursed because I believe it is the best and the healthiest.”*

A couple of respondents commented on how breastfeeding creates a bond between mother and child:

*“I liked to [breast]feed them because it is a way to help their health and to be together.”*

*“Because it’s better for them and it makes them stronger and it makes mother and child get closer.”*

Many respondents who formula-fed their children reported doing so because they had difficulty producing enough milk for their children. A higher percentage of women who have been living in the US for 15+ years stated this (30%) than those living in the US for 6-14 years (21%) and those living in the US for 0-5 years (10%).

Several respondents also noted that they formula-fed because of lack of time: they had to work or attend school. Other respondents stated that their babies “did not want” to nurse any longer. Other reasons for not breastfeeding mentioned by a few participants were embarrassment, difficulty/discomfort while breastfeeding, health reasons, stress, or separation from the baby.

### **Introduction of Solid Food**

Overall, female respondents started feeding their children solid food at average age of 6.5 months. Women who have been living in the US longer waited longer to feed their children solid foods than women who have not been living in the US as long. Women living in the US for 6+ years started

solid food at an average age of 7 months, whereas women living in the US for 0-5 years started solid food at an average age of 4 months.

Table 10: Types of Solid Foods That Participants Fed Their Children

<b>Solid Foods</b>	<b>Total (n=67)</b>	<b>0-5 years (n=11)</b>	<b>6-14 years (n=27)</b>	<b>15+ years (n=20)</b>
Soup	19%	0%	27%	19%
Potatoes	10%	0%	0%	30%
Baby/strained food	9%	11%	10%	7%
Compotas*	8%	16%	11%	0%
Mashed/Pureed vegetables	7%	21%	6%	2%
Cereal	7%	0%	6%	12%
Fruit	6%	21%	2%	7%
Papillas**	9%	16%	0%	13%

\* Compotas are compotes/stewed fruit/baby jar food.

\*\* Papillas are soft food to be mashed to pieces.

The most common first solid foods that respondents fed their children are soup, potatoes, baby food/strained food, papillas, compotas, mashed/pureed vegetables, cereal, and fruit. Women living in the US for 0-5 years were more likely to feed their children mashed vegetables and fruit (21%), compotas (16%), and papillas (16%) than women living in the US for longer (although 13% of women in the 15+ years in country category fed their children papillas as well). Women who have been living in the country longer were more likely to feed their children soup (27% of those living in the country for 6-14 years and 19% of those living in the country for 15+ years) and potatoes (30% of those living in the country for 15+ years).

Other foods listed by a few respondents include:

- Milk with corn starch: 9% of women in 15+ years in country category;
- Gerber chicken: 2% of women in 15+ years in country category;
- Rice: 7% of women in 15+ years in country category; and
- Mashed eggs: 2% of women living in the country for 6-14 years.

Most respondents (67%) stated that they fed their children these foods using a utensil, and some used a bottle (13%) or both (6%). A higher percentage of women who have been living in the country for 6-14 years (78%) reported using a utensil than women who have been in the country for 0-5 years (58%) and women who have been in the country for 15+ years (56%). The latter 2 groups were more likely to use a bottle to feed their children (16% and 19%, respectively).

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

There are several key conclusions resulting from this research within each of the core areas of interest. They are:

#### Physical Activity

1. **Central Falls is a community that hosts a variety of free and/or low-cost programs and resources to assist and encourage residents to engage in physical activity.** Community organizations and city departments within Central Falls understand the importance of physical activity in preventing illness and obesity and are committed to supporting and improving the health of Central Falls' residents. However, they face several barriers in meeting this goal, including:

- Communicating about/advertising programs to individuals who would benefit;
- Maintaining ongoing attendance by individuals who register for programs; and
- Securing funding to adequately staff existing programs or implement new ones.

They welcome the opportunity to work with HEALTH to promote existing and implement new programs and policies to ensure the health of the community.

2. **Hispanic residents in Central Falls understand the importance of being physically active.** Residents expressed their desire to become or remain physically active, recognizing the benefits in terms of physical, emotional, and mental health. They too face barriers that keep them from meeting their goals, including:

- Cost;
- Time;
- Transportation;
- Childcare;
- Motivation; and
- Competing priorities (work, school, television).

Focus group participants were pleased to have an opportunity to share their experiences and concerns with HEALTH, and they expressed a variety of ways in which their community could be improved to overcome these barriers. They also stated that emphasizing the following “concepts” would be successful as motivators to improve current activity levels:

- If you make exercise/physical activity part of your regular routine, you'll feel better about yourself.
- Doing physical activity as a family is a good way to spend time together.
- Being physically active makes you a good role model for your children.

#### Healthy Eating

3. **Hispanic residents in Central Falls understand the importance of eating healthy.**

Residents expressed their understanding of what constitutes “healthy eating”, and stated the desire to eat less bread and rice and more fruits and vegetables. However, they are limited in

their ability to make desired changes in their own eating habits and those of their children. Predominant barriers to healthy eating include:

- Cost;
- Availability;
- Motivation to make desired changes in eating habits,
- Lack of knowledge about preparation techniques, including “American” fruits and vegetables; and
- Cultural habits.

Focus group participants stated the importance of keeping more traditional foods in their diet, but would like to learn how to prepare them in a healthier manner and incorporate new “healthy” foods into their diets. They expressed a variety of ways in which their community could be improved to overcome these barriers and identified the following “concepts” as motivators for making dietary changes:

- Eating healthy makes you a good role model for your family.
- Eating healthy helps prevent illnesses like cancer and heart disease.
- Be healthy and strong to take care of your family.

### Breastfeeding

4. **Breastfeeding is an important and fairly common practice among Hispanic women in Central Falls.** Nearly 76% of female focus group participants reported breastfeeding one or more of their children. While breastfeeding appears to be a common practice within the community, the individuals (agency representatives and residents) with whom we spoke were unable to identify breastfeeding resources in Central Falls.

### Obesity

5. **Overall, Hispanic residents of Central Falls recognize obesity as a problem in this country but not so much in their community or within their families.** Focus group participants and organization interviewees emphasized the cultural belief that “big is healthy and strong,” and that the “American” definitions of overweight and obesity (based on BMI) are not widely recognized or accepted by Hispanics in Central Falls.

### Recommendations

In response to the major findings of this research, PSI proposes the following recommendations:

#### Physical Activity

Central Falls is a community abundant in existing physical activity programs and facilities, providing HEALTH an opportunity to immediately **address realistic, short-term goals** with the Hispanic population, while taking a longer-term approach to change the social norms around physical activity and obesity. The following strategies can be used to address short-term goals:

1. **Work with the community organizations and city departments to effectively communicate the existing physical activity and recreation programs on an on-going basis to residents of Central Falls.** Communication channels should directly reach the

target audience with the goal of **increasing their awareness**, and they may include: Spanish radio, local newspapers, community flyers, city website, schools, parents papers, and other publications distributed by community agencies. All communications should be in English and Spanish. Communications should also **emphasize programs available by age category** as there is a perception in the community that there are only programs available for older children, not younger ones.

2. **Promote existing recreational facilities to increase their usage by residents.** Communicate the location, hours of operation, safety features, and programs available at each of the existing facilities to address resident's concerns about there being a lack of "things to do" and "safe places to go" in the community. Include information about the playgrounds, sports complex, community center, and walking paths – highlighting recent or planned renovations, staffing, childcare, transportation options, and cost.
3. **Provide information to residents about physical activity programs and facilities that take place/can be used year-round.** Many of the city's residents originate from warm-weather countries and find it difficult to stay physically active during the cold New England winter months.
4. **Provide opportunities for group or family-centered activities.** Family is extremely important to the Hispanic residents of Central Falls, with many generations often living in the same household. **Activities should be offered where families with members of all ages can participate together.** Messages should focus on portraying physical activity as a good way to **"spend time together as a family."**
5. **Address the barriers** noted by focus group participants to engaging in regular physical activity (cost, childcare, transportation).
6. Address television viewing as a competing priority to physical activity. **Provide suggestions for alternative activities and suggest "ideal" locations** for television placement in the home. Provide strategies for limiting television-viewing time.

### Healthy Eating/Breastfeeding

Overall, the Hispanic residents of Central have a basic understanding of the benefits of healthy eating, even to the point of wanting to make changes in their own and their family's eating habits. This basic understanding and willingness to change gives HEALTH a great opportunity to **address realistic, short-term goals**, while taking a longer-term approach to change the social norms around healthy eating and obesity. The following strategies can be used to address short-term goals:

1. **Work with the community organizations and city departments to effectively communicate the existing nutrition-related programs on an on-going basis to residents of Central Falls.** Communication channels should directly reach the target audience with the goal of **increasing their awareness**, and may include: Spanish radio, local newspapers, community flyers, city website, schools, parents papers, and other publications distributed by community agencies. All communications should be in English and Spanish.

Particular emphasis should be placed on communicating the **school food offerings and the meal-planning rationale** to parents and staff.

2. Provide low-cost programs or sessions to **educate residents about “healthy” food preparation techniques and meal planning** that incorporates foods commonly eaten by Hispanics in Central Falls. Educational programs should be offered at a variety of hours to accommodate working parents. Childcare should be offered whenever possible.
3. Provide opportunities for residents to grow their own fruits and vegetables to help **offset the high cost of purchasing produce** in the local markets.
4. **Address the barriers** to healthy eating noted by focus group participants (cost, availability, motivation, lack of knowledge, cultural habits).
5. **Address specific “unhealthy” eating habits** by encouraging/promoting:
  - Consumption of less red meat
  - Decreased consumption of soda and other sweetened drinks
  - Consumption of less white bread, white rice, pasta, and potatoes
  - Inclusion of “healthy” snacks as in-between meals supplements
  - Decreased consumption of fast food
  - Preparation of meats by baking, broiling, and grilling

Note: Opportunities exist in this area for targeting messages to Hispanic residents of Central Falls based on their number of years in the country as described in Section 3 of this report.

6. **Ensure the availability, accessibility and promotion of breastfeeding information and support in the community.** Since breastfeeding is already the social norm to many Hispanics in Central Falls, implementation of support programs and reinforcement of its benefits will ensure that trends don’t reverse. Specific areas of focus include encouraging/promoting:
  - Benefits of exclusive breastfeeding (close mother-to-infant contact, health of infant, cost advantage)
  - Recommended age for introduction of solid foods
  - Recommended “transitional” or first solid foods, and methods of feeding

Note: Opportunities exist in this area for targeting messages to Hispanic residents of Central Falls based on their number of years in the country as described in Section 3 of this report.

7. **Address the barriers to breastfeeding** noted by focus group participants (lack of time, discomfort)

## **Both Physical Activity and Healthy Eating**

**Social marketing principles can be used to meet the longer-term goal of altering social norms as they relate to physical activity, healthy eating, and obesity.** While social marketing

campaigns have been successful in addressing a wide variety of public health issues, the many factors that make up the complicated physical activity and healthy eating equation have made significant behavior change in this area difficult. Additionally, while healthy eating and physical activity are each clearly related to obesity, it is not as clear that social marketing campaigns can effectively address both issues simultaneously.<sup>7</sup>

In a 2002 article in *Social Marketing Quarterly*, Fridinger and Kirby argue that the “barriers, benefits, and efficacy,” related to the two issues are sufficiently distinct to suggest that most campaigns should target only one subject at a time. For example, they argue that physical activity and nutrition are intrinsically different and have “multiple individual behaviors:” improving levels of physical activity requires “adding on” to a person’s *weekly* routine, while improving nutrition involves a “substitution behavior,” practiced *multiple times on a daily* basis. Furthermore, while people may see the association between the two issues, they “often do not make the connection between physical activity and nutrition in terms of changing both behaviors at once.”<sup>8</sup>

Facing such a challenge, effective social marketing campaigns addressing the issue of inactivity and poor nutritional habits with respect to obesity need to take both a long-term and short-term approach: working to change the overall social norms around healthy eating and physical activity while addressing realistic, short-term goals that do not require radical or immediate lifestyle changes among members of target audiences.<sup>9</sup>

Social Marketing strategies include:

1. **Work to change people’s perception of overweight and obesity.** Since focus group participants and organization interviewees emphasized the cultural belief that “big equals healthy and strong,” efforts should be made to change their perception of what is “healthy and strong.” Educational messages should make the connection between healthy and strong and “eating healthy and engaging in physical activity” so that the perception that “big equals healthy and strong” can be dispelled.
2. **Motivate adults to increase their level of physical activity,** and help them engage their children in a similar lifestyle by offering support and encouragement. This can be done by developing campaigns that highlight the benefits of physical activity (relieve stress, prevent illness), by tailoring and testing messages related to “**feeling good about yourself**” “**being a role model,**” and “**staying strong and healthy to take care of the family.**”
3. **Motivate adults to make changes in their families’ eating habits** and help them teach their children to make similar choices by offering support and encouragement. This can be done by developing campaigns that highlight the benefits of healthy eating (prevent illness, control weight, feel better), by tailoring and testing messages related to “**being a role model,**” “**preventing illnesses like cancer and heart disease,**” and “**staying strong and healthy to take care of the family.**”

<sup>7</sup> Policy Studies Inc., *Colorado STEPS Literature Review*. 2005 January 4; 1-21.

<sup>8</sup> Fridinger, F., and Kirby, S. “The ‘Doublemint’ factor: issues and challenges in marketing nutrition and physical activity behaviors in one program,” *Social Marketing Quarterly*, 2002 Winter: III(4): 40-52.

<sup>9</sup> Policy Studies Inc., *Colorado STEPS Literature Review*. 2005 January 4; 1-21.

4. **Empower children to participate in “positive” activities during their leisure time.**  
Research with children should be conducted to inform social marketing messages directed at them to encourage them to engage in physical activity.
5. **Empower children to explore a variety of healthy food options and to participate in food preparation activities.** Research with children can explore potential messages around healthy eating.



## APPENDIX A: IN-DEPTH INTERVIEW GUIDE

### Rhode Island Department of Health Key-Informant Interview Guide Central Falls Obesity Prevention Project February 16, 2005

Hello my name is \_\_\_\_\_ and I'm calling from Policy Studies Inc. to follow up on the letter you recently received from the Department of Health about the Central Falls Obesity Prevention project.

We are contacting you and other key community members to get some background information about community resources, policies, and programs that promote and/or inhibit physical activity and healthy eating within Central Falls. Would you be willing to make an appointment to talk on the phone for about 20 minutes to discuss these issues?

**[If yes, make phone appointment and confirm contact information.]**

Thank you for your help, and we look forward to speaking with you.

**[If no],** Is there someone else in your office, or would you recommend someone else in the community that may be able to assist us?

Thank you for your time.

**Interview Outline (20 min) [Structure interview questions based upon interviewee – not all questions will apply to each individual]**

- 1) Provide brief overview of project:
  - a. The Rhode Island Department of Health is working with state and community partners to help prevent and control obesity – the most common risk factor for chronic disease in the nation. In response, the Department developed the *Initiative for a Healthy Weight*. The purpose of the initiative is to implement and evaluate nutrition, physical activity and breastfeeding promotion programs within priority communities. Central Falls has been selected as the first community in which these efforts will be focused.
  - b. You and your staff are key partners in this effort, and as a first step in the *Initiative's* efforts, we would like to talk to you about resources, programs and policies in the Central Falls community that promote and/or inhibit physical activity and healthy eating by it's residents. We will use this information, in addition to information we gather from the residents of Central Falls, to develop nutrition and physical activity programs and policies to help prevent obesity.
- 2) Describe your role within the community

- 3) If you need to get information out to families in the community, how do you do it?
- 4) Do you think obesity is a problem in this community? Do people in the community think it is a problem?
- 5) Are/have you or your staff worked in any way to change the environment or develop policies or programs to promote physical activity, healthy eating, or breastfeeding? If so, how?
- 6) Have you or your staff ever conducted an assessment to determine attitudes or behaviors of Central Falls' residents related to physical activity, healthy eating, or breastfeeding? If so, what did you find? Is this information available?
- 7) What environmental supports for physical activity, healthy eating, and breastfeeding exist within Central Falls? (i.e. parks, playgrounds, public swimming pools, open spaces, sidewalks, lighting, recreational facilities, food markets, breastfeeding rooms in workplaces) Please describe them. Are they:
  - a. Safe?
  - b. Well maintained?
  - c. Accessible to all residents? (Free of charge, offered at variety of hours, near public transportation)
- 8) What programs or services are offered to the residents of Central Falls that support physical activity, healthy eating, and breastfeeding? (i.e. summer lunch program, farmer's markets, recreational activities – classes, lessons, and clubs)
- 9) What policy supports for physical activity, healthy eating, and breastfeeding exist within Central Falls? (i.e. Offering of school lunch and breakfast program, requirements for healthy snacks in school vending machines, enforcement of traffic laws to protect pedestrians and bicyclists, workplace policies that discount fitness center memberships, daycare centers that promote healthy foods, , regulations/sanctions that mandate the amount of green space that must be available within a community, laws/ordinances that require sidewalks to be cleaned and shoveled in the winter months...)
- 10) What barriers to supporting physical activity exist within Central Falls?
  - a. Unsafe/crime
  - b. Not well maintained
  - c. Not accessible
  - d. Not affordable/costly
  - e. Not available
  - f. Laws/regulations (bike helmet use, no skateboarding, etc.)
- 11) What are some other reasons residents of Central Falls may not be getting enough physical activity?
  - a. Lack of motivation

- b. Lack of time
  - c. Competing priorities (family, work, school)
  - d. Scheduling conflicts (with work, school)
  - e. Child care issues
  - f. Lack of education/knowledge
  - g. Existing health problems
  - h. Cultural factors
- 12) What barriers to supporting healthy eating exist within Central Falls?
- a. Not affordable/costly
  - b. Not available
  - c. Limited selection
  - d. Presence of “fast food”
  - e. Traditional food and food preparation techniques
- 13) What are some other reasons residents of Central Falls may not be eating healthy?
- a. Lack of motivation
  - b. Not enough time
  - c. Lack of education/knowledge
  - d. Follow special diet for health reasons
  - e. Cultural factors
  - f. Convenience of unhealthy foods
- 14) What barriers to supporting breastfeeding exist within Central Falls?
- a. Lack of time
  - b. Lack of support (family, workplace, health care workers)
  - c. Lack of comfortable, safe places within the workplace
  - d. Cultural factors
- 15) What are some other reasons women in Central Falls may not be breastfeeding?
- 16) What do you think would help people in Central Falls to change their eating, activity, and breastfeeding behaviors?
- 17) Is there anything the *Initiative* should consider in terms of community opposition to the implementation of nutrition and physical activity-related policy and/or programs within Central Falls?
- 18) Is there anything else the *Initiative* should consider as they move forward with this project?

Thank you for taking the time to speak with me today. The information you provided will be used to help the Rhode Island Department of Health and the *Initiative for a Healthy Weight* develop programs and policies to prevent and control obesity in the Central Falls community. The Initiative will keep you updated as the project progresses.

## APPENDIX B: FOCUS GROUP MODERATOR GUIDE

### Rhode Island Department of Health Central Falls Obesity Prevention Project

Moderator's Guide – Hispanic/Latina Men and Women with Children  
February 24, 2005

#### Section 1: Introduction [5 minutes]

Hello and welcome [moderator introduces him/herself]. I want to thank you for taking the time to join our discussion. The RI Department of Health (the Department) wants to help keep the residents of Central Falls healthy by offering programs and activities that support physical activity and healthy eating. To begin this process, the Department is speaking with families throughout the city to find out about their lifestyle in terms of how they spend their leisure time, what they eat, and their level of physical activity.

The information you share today will be used to help the Department of Health develop policies, and offer programs and activities focusing on physical activity and healthy eating.

This group will last approximately 90 minutes, during which I am going to ask you a number of questions. We will audiotape the session so our team can review your comments later. Your job is to answer the questions and mine is to keep track of time and keep things moving along. Please try to talk one at a time so that we don't miss anything you say. Also, please answer honestly and with enough detail so that we can learn from your experiences.

I want to let you know that there are no right or wrong answers to the questions I am going to ask. Please share your opinion even if it is different from what others have said. It is important that I hear from each of you today because each of you may have a different perspective. We will not share your name or any information that could identify you outside of this group. We also ask that you not share identifying information about other members of the group with anyone else.

If you have questions or want me to explain anything, please let me know.  
Are there any questions at this point? [Respond to questions]. Let's get started.

**Section 2 [20 minutes]: First, we'd like to hear about how you and your children spend your free time. [Moderator, read explanation:** Free time is time that you have when you are not at work or school, running errands, or taking care of the children. It is time that you have for yourself to do whatever you want.]

1. How much free time do you have on an average weekday? On an average weekend day?
2. How do you spend your free time? Where do you go? What do you do? How long do you do these things? Why do you choose to spend your free time in this way?

## PROBES

- a. Watch television
  - b. Use the computer/surf the web
  - c. Listen to music
  - d. Work out (exercise) at home
  - e. Go to the gym
  - f. Go for a walk/run
  - g. Read a book/newspaper/magazine
  - h. Talk on the phone
  - i. Visit with friends/family
  - j. Play games
3. If you could do anything during your free time, what would it be?
- a. What prevents you from doing those things?
  - b. What would it take to allow you to do those things?
4. How do your children spend their time when they are not in school, doing chores, or homework? What do they do? Where do they go?

## PROBES:

- a. Watch TV – How often/how long each day? **[Moderator: Be sure to ask these questions related to TV viewing]**
    - i. Do you have rules about TV watching – content or time?
    - ii. Who decides what to watch on TV?
    - iii. How many TV's are in your home, and where are they?
  - b. Play video/computer games – How often/how long each day?
  - c. Play outside/go to the playground – What do they do? How often/how long?
  - d. Ride bikes/skateboard/roller blade – Where? How often/how long?
  - e. Play sports – Where? Which ones? How often/how long?
  - f. Go to the mall
  - g. Hang out with friends
5. Why do your children spend their free time in this way?

## PROBES

- a. Enjoy doing these activities
  - b. Bored
  - c. Parents tell them to do these activities
6. Are there things you wish your children could do during their free time that they don't currently do? Why don't they do these things? What would it take for them to be able to do these things?

**Section 3 [25 minutes]: Next we'd like to hear from you about your family's physical activity level.**

7. What does the term "physical activity" mean to you?
  - a. Do you feel that physical activity is important? Why?
8. What type(s) of physical activity do you do? Why? Where? Your family? Why? Where? [**Moderator: Read statement:** Keep in mind that physical activity can mean many things. It includes things you do that get your heart rate up and your blood pumping. It can include activities that are part of your daily routine, such as taking the stairs, walking to work or the store, doing yard work, or it can mean extra activity you do such as biking, running, or working out.]

PROBES:

- a. Housework
  - b. Walk (for pleasure, to work, to store)
  - c. Run
  - d. Lift weights
  - e. Take classes (yoga, pilates, other)
  - f. Bike/roller blade
  - g. Garden
  - h. Swim
  - i. Take the stairs
  - j. Play with the children
  - k. Yard work
9. How many days per week do you do physically active things? How long do you spend doing these things?
  10. Are you happy with your current level of physical activity? Why? Your family's? Why?
  11. What would be your ideal level of physical activity? What prevents you from doing it? What would make it easier for you to do it?

PROBES:

- a. Place(s) to go (facilities such as gyms, parks, sidewalks, paths, etc.)
- b. Transportation
- c. Safety
- d. Don't know what to do/where to go
- e. Embarrassed/uncomfortable
- f. Too difficult
- g. Unsure of what physical activity is
- h. Cost (memberships, stipends, free, low cost)
- i. Support (family/friends)
- j. Child care
- k. Health condition

12. When you want/need to go somewhere like work, or to an appointment, how do you usually get there (drive, walk, bike, ride the bus, take a cab)? Why do you choose to get there in that way? Could you get there some other way? How?

**Section 4 [25 minutes]: Now we'd like to hear from you about your family's eating habits.**

13. Who decides what food comes into your house? Why?
- Who does the food shopping?
  - Where do you/they do your food shopping? Why do you/they shop there?
  - Where would you/they like to do the food shopping?
14. Describe for me:
- A typical breakfast
  - A typical lunch
  - A typical dinner
  - Typical snacks
  - Typical drinks
    - Who prepares the meals?
    - Does your family (including you) eat meals together? Which meals? Why?
    - Where do you usually eat your meals? Where do your child[ren] eat their meals?

**PROBES**

- Sitting down at the table
- In front of the television
- In front of the computer
- Standing up, or on the run
- In the car

15. How many meals/times a week do you eat outside of the home (i.e. at work, at a restaurant)? How many meals/times a week do your children eat outside of the home (i.e. at school, work, friends house, restaurant)?
- Where do you eat when you eat out (i.e. what type of places)? How about your child[ren]? Are the places in Central Falls?

**PROBES:**

- Sit down restaurants
- Take out/counter/deli
- Fast food
- School cafeteria
- Work cafeteria
- Day care

16. What does the term "healthy eating" mean to you?

- a. Do you feel that healthy eating is important? Why?
- 17. If you could change something about your own eating habits, what would it be? Why?
- 18. If you could change something about your child[ren]'s eating habits, what would it be? Why?

**Section 5 [20 minutes]: This next set of questions is about what type(s) of information and/or changes to the community are needed to help you and your family make changes in your eating and/or physical activity habits.**

- 19. What information/support do you need to help you/your family eat healthy? To be physically active?

**INFORMATION PROBES:**

- a. What foods to buy
- b. How to prepare them
- c. What to do  
family/friends
- d. Where to go

**SUPPORT PROBES:**

- a. Child care
- b. Money/coupons/vouchers
- c. Education/knowledge
- d. Support from
- e. More free time

- 20. What changes to your community would help you to eat healthy? Be more physically active?

**PROBES:**

- a. Improved food selection
- b. More store to choose from
- c. Cheaper/more affordable food
- d. Public transportation (better, more, improved, safer)
- e. Safer neighborhood (street lights, sidewalks, low crime)
- f. Places/facilities to go (parks, gyms, walking/biking paths)
- g. Cheaper/more affordable options

- 21. Would the following messages make you want to eat healthy? Why?
  - a. If you eat healthy, you will look good.
  - b. Eating healthy helps prevent illnesses like cancer and heart disease.
  - c. Eating healthy helps you live longer.
  - d. Eating healthy helps you feel good.
  - e. Be healthy and strong to take care of your family.
  - f. If you eat healthy, you will be thinner.
  - g. Eating healthy makes you a good role model for your family.

- 22. Would the following messages make you want to be physically active? Why?
  - a. If you exercise regularly, you'll look healthy and strong.



- b. If you make exercise/physical activity part of your regular routine, you'll feel better about yourself.
  - c. Regular physical activity helps prevent illnesses like diabetes and osteoporosis (weak bones).
  - d. Exercise 30 minutes a day to stay healthy.
  - e. Doing physical activity as a family is a good way to spend time together.
  - f. Exercise helps you stay healthy and strong for your family.
  - g. Being physically active makes you a good role model for your children.
23. Where do you get your health information?
- a. Family/friends
  - b. TV (what shows/channels?)
  - c. Radio (what stations?)
  - d. Internet (what websites?)
  - e. Newspapers/magazines (which ones?)
  - f. Community organizations (which ones?)
  - g. Faith-based organizations (which ones?)
  - h. Health care provider (which type?)
24. What does the term "overweight" mean to you? How would you define "overweight"?
- a. Do you feel that overweight is a problem? Why?
  - b. Do you think that anyone in your family is overweight?

## Conclusion

I'd like to thank you for the valuable information you have shared with us today. The information from this group will help our team to develop programs and policies to help the residents of Central Falls eat healthy and be physically active. [See if anyone has questions/respond to questions].

## APPENDIX C: SCREENER FOR FEMALE PARTICIPANTS

### Rhode Island Department of Health Central Falls Obesity Prevention Campaign

#### **Screeners for Latina/Hispanic women focus groups:**

#### **ENGLISH/SPANISH 6 Groups**

##### BACKGROUND FOR RECRUITER:

The Rhode Island Department of Health is preparing to conduct a campaign to improve the health of Central Falls residents. The goal of the project is to develop and implement programs and policies within Central Falls to support physical activity and healthy eating.

In order to develop the campaign, the Health Department would like to know how Latina/Hispanic women and their families spend their free time, what they eat, and how much physical activity they do.

##### GUIDELINES:

##### **All Groups – Total of 6: 3 English, 3 Spanish**

For the purposes of this project, please recruit **a total of 12** Latina/Hispanic women residents of Central Falls who speak either English or Spanish for **each** of the following groups:

1. Married/cohabitating Latina/Hispanic women with infants/toddlers (up to age 4) [English]
2. Married/cohabitating Latina/Hispanic women with infants/toddlers (up to age 4) [Spanish]
3. Married/cohabitating Latina/Hispanic women with elementary/middle school aged children (ages 5-13) [English]
4. Married/cohabitating Latina/Hispanic women with elementary/middle school aged children (ages 5-13) [Spanish]
5. Single Latina/Hispanic women with children under the age of 16 [English]
6. Single Latina/Hispanic women with children under the age of 16 [Spanish]
  - **Women recruited to each group should represent a mix of ages between 18 and 45 years of age. (Ex. We do not want a group with all 20 year-olds)**
  - **Women recruited should also represent a mix of countries of origin (Ex. Dominican, Guatemalan, Columbian, Mexican, Cape Verdean, Puerto Rican)**
  - **Our goal is to have 8-10 participants at each group.**

## RECRUITING SCRIPT:

Hello, my name is \_\_\_\_\_. The Department of Health is working together with Progreso Latino and Channel One on a project to learn more about: 1) how families in Central Falls spend their free time, 2) what they eat, and 3) their level of physical activity and their infant feeding practices, particularly breastfeeding. They are looking for Latina/Hispanic women, married or single, between the ages of 18 and 45 who have children to participate in a focus group on this topic. [If necessary: A focus group is a small discussion about a specific issue lasting approximately two hours]

If you fit the criteria and wish to come to the group, you will be given \$75 for your time. Are you interested in learning more? I have a few questions to ask you to see which group you will fit in.

Do you live in Central Falls?

- ☐ Yes, Continue.  
☐ No, Terminate.

What country does your family originally come from? (Ex: Dominican Republic, Puerto Rico, etc.) \_\_\_\_\_

1. How old are you?	_____	If under 18, terminate. If over 45, terminate.
2. Are you Latina/Hispanic?	If yes, continue.	If no, terminate.
3. Do you have children?	If yes, continue.	If no, terminate.
4. Are you married, or do you live with your partner?	If yes, continue.	If no, go to question 8.
5. What is/are the ages of your child(ren)?	_____	If infant/toddler up to age 4 go to question 6.  If child[ren] ages 5 to 13 (elementary/middle school) go to question 7.  If child[ren] over age 13, terminate.
6. Great, you qualify for the Married/cohabitating women with infants/toddlers group.	There are 2 groups you can choose from:  Monday, March 7 <sup>th</sup> from noon-2pm in Spanish at Channel One, or	Confirm group [DATE/TIME/LANGUAGE/LOCATION]

	<p>Thursday, March 10<sup>th</sup> from 6-8pm in English at Progreso Latino.</p> <p>Which group do you prefer?</p>	
<p>7. Great, you qualify for the Married/cohabitating women with elementary/middle school aged children group.</p>	<p>There are 2 groups you can choose from:</p> <p>Monday, March 7<sup>th</sup> from 6-8pm in Spanish at Progreso Latino or</p> <p>Tuesday, March 8<sup>th</sup> from noon-2pm in English at Channel One.</p> <p>Which group do you prefer?</p>	<p>Confirm group [DATE/TIME/LANGUAGE/LOCATION]</p>
<p>8. Are you currently unmarried/divorced/live without a partner?</p>	<p>If yes, continue.</p>	<p>If no, terminate.</p>
<p>9. What is/are the ages of your child(ren)?</p>	<p>_____</p> <p>_____</p>	<p>If child[ren] are under 16 years of age, continue.</p> <p>If child[ren] are over 16 years of age, terminate.</p>
<p>10. Great, you qualify for the single women with children under the age of 16 group.</p>	<p>There are 2 groups you can choose from:</p> <p>Tuesday, March 8<sup>th</sup> from 6-8pm in English at Progreso Latino, or</p> <p>Wednesday, March 9<sup>th</sup> from 6-8pm in Spanish at Progreso Latino.</p> <p>Which group do you prefer?</p>	<p>Confirm group [DATE/TIME/LANGUAGE/LOCATION]</p>

**Confirm Participation:**

During the focus group we will ask for your thoughts about eating habits and physical activity.

You are confirmed to participate in a focus group on [DATE] at [TIME]. The focus group will take place at [Explain LOCATION]. The group will be conducted in [LANGUAGE].

You will be given \$75 for your time. Please do NOT bring your children to the group, as childcare is NOT available. Refreshments will be served during the focus group.

We will send you a letter with directions, and will call you a few days before the group to confirm your participation. Is this all right? [Get phone number and address].

Thank you for talking with me. We'll see you on [DATE] at [TIME] at [LOCATION]. Please arrive on time.

## **APPENDIX D: SCREENER FOR MALE PARTICIPANTS**

### **Rhode Island Department of Health Central Falls Obesity Prevention Campaign**

#### **Screeners for Latino/Hispanic men focus group:**

#### **ENGLISH 1 Group**

##### **BACKGROUND FOR RECRUITER:**

The Rhode Island Department of Health is preparing to conduct a campaign to improve the health of Central Falls residents. The goal of the project is to develop and implement programs and policies within Central Falls to support physical activity and healthy eating.

In order to develop the campaign, the Health Department would like to know how Latino/Hispanic men and their families spend their free time, what they eat, and how much physical activity they do.

##### **GUIDELINES:**

For the purposes of this project, please recruit **12** Latino/Hispanic men who are:

- Residents of Central Falls
- Speak English
- Between the ages of 18 and 45
- Married/cohabitating heads of household
- Have child(ren) < age 16

**Men recruited to each group should represent a mix of ages between 18 and 45 years of age. (Ex. We do not want a group with all 20 year-olds)**

**Men recruited should also represent a mix of countries of origin (Ex. Dominican, Guatemalan, Columbian, Mexican, Cape Verdean, Puerto Rican)**

**Our goal is to have 8-10 participants at the group.**

##### **RECRUITING SCRIPT:**

Hello, my name is \_\_\_\_\_. The Department of Health is working together with Progreso Latino and Channel One on a project to learn more about: 1) how families in Central Falls spend their free time, 2) what they eat, and 3) their level of physical activity. They are looking for Latino/Hispanic men, who are married, between the ages of 18 and 45, and who have

children under the age of 16 to participate in a focus group on this topic. [If necessary: A focus group is a small discussion about a specific issue lasting approximately two hours]

If you fit the criteria and wish to come to the group, you will be given \$75 for your time. Are you interested in learning more? I have a few questions to ask you to see which group you will fit in.

Do you live in Central Falls?

- ☐ Yes, Continue.  
☐ No, Terminate.

What country does your family originally come from? (Ex: Dominican Republic, Puerto Rico, etc.) \_\_\_\_\_

1. How old are you?	_____	If under 18, terminate. If over 45, terminate.
2. Are you Latino/Hispanic?	If yes, continue.	If no, terminate.
3. Are you married, or do you live with your partner?	If yes, continue.	If no, terminate.
4. Do you or your partner have a child or children under the age of 16?	If yes, continue.	If no, terminate.
5. Do you or your partner's children live with you in your household?	If yes, continue.	If no, terminate.
6. Great, you qualify for our group.	The group will be held on Monday, March 14 <sup>th</sup> from 6-8pm at Channel One.	Confirm group. The group will be held on Monday, March 14 <sup>th</sup> from 6-8pm at Channel One. The group will be conducted in English.

### **Confirm Participation:**

During the focus group we will ask for your thoughts about eating habits and physical activity.

You are confirmed to participate in a focus group on Monday, March 14<sup>th</sup> from 6-8pm. The focus group will take place at Channel One, 507 Broad Street, Central Falls. The group will be conducted in English.

You will be given \$75 for your time. Please do NOT bring your children to the group, as childcare is NOT available. Refreshments will be served during the focus group.

We will send you a letter with directions, and will call you a few days before the group to confirm your participation. Is this all right? [Get phone number and address].

Thank you for talking with me. We'll see you on Monday, March 14<sup>th</sup> from 6-8pm at Channel One. Please arrive on time.



## APPENDIX E: QUESTIONNAIRE FOR WOMEN

We would like you to fill out the following questionnaire. This questionnaire will help us get some information about your eating habits and infant feeding practices. To protect your privacy, we ask that you do **NOT** put your name or any other identifying information on this questionnaire.

1. For each food item listed below, please circle the number of servings that you eat in a **typical day**. If it helps, think back to what you ate yesterday. Please fill out additional information in the last column where appropriate.

FOOD ITEM:	Number of Servings per Day				Additional Information
<b>Fruit</b> (Not including juice): A serving is 1 piece.	0	1-2	3-4	5 or more	
<b>Fruit Juice:</b> A serving is ½ cup.	0	1-2	3-4	5 or more	<b><u>What kind(s)?</u></b>
<b>Vegetables</b> (Not including potatoes): A serving is 1 cup.	0	1-2	3-4	5 or more	
<b>Milk:</b> A serving is 1 cup.	0	1-2	3-4	5 or more	<b>Circle one:</b> Whole      2%      1% Skim      Fat-free
<b>Yogurt:</b> A serving is 1 cup.	0	1-2	3-4	5 or more	<b>Circle one:</b> Whole      Low-fat
<b>Cheese:</b> A serving is 1 slice.	0	1-2	3-4	5 or more	
<b>Soda:</b> A serving is 1 can.	0	1-2	3-4	5 or more	<b>Circle one:</b> Regular      Diet
<b>Sweetened drinks:</b> A serving is 1 cup.	0	1-2	3-4	5 or more	<b><u>What kind(s)?</u></b>
<b>Red meat:</b> A serving is about the size of a deck of cards (3 ounces).	0	1-2	3-4	5 or more	

2. Which of the following foods do you eat? **Please check all that apply.**

- ☐ White bread (including rolls)
- ☐ Potatoes
- ☐ Pasta
- ☐ White rice

3. How often do you have at least one serving of the foods you selected in question #2? A serving is 1 slice of bread or 1 roll, and about 1 cup of pasta, potatoes, or rice.
- ☐ 1 or fewer servings a **week**
  - ☐ 2 servings a **week**
  - ☐ 3-4 servings a **week**
  - ☐ 1-2 servings a **day**
  - ☐ 3 or more servings a **day**
4. How often do you eat snacks or drink beverages between meals? **Please check one answer.**
- ☐ Don't snack or drink beverages between meals
  - ☐ 1-2 times per **day**
  - ☐ 3-5 times per **day**
  - ☐ 6 or more times per **day**
5. If you snack or drink beverages between meals, which of the following do you eat or drink? **Please check all that apply.**
- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Candy          | <input type="checkbox"/> Crackers     |
| <input type="checkbox"/> Cookies        | <input type="checkbox"/> Popcorn      |
| <input type="checkbox"/> Fruit          | <input type="checkbox"/> Soda: What   |
| kind? _____                             |                                       |
| <input type="checkbox"/> Yogurt         | <input type="checkbox"/> Juice: What  |
| kind? _____                             |                                       |
| <input type="checkbox"/> Vegetables     | <input type="checkbox"/> Tea/Iced Tea |
| <input type="checkbox"/> Potato chips   | <input type="checkbox"/> Coffee       |
| <input type="checkbox"/> Tortilla chips | <input type="checkbox"/> Water        |
| <input type="checkbox"/> Chocolate      | <input type="checkbox"/> Milk: What   |
| kind? _____                             |                                       |
| <input type="checkbox"/> Bagels         | <input type="checkbox"/> Other:       |
| _____                                   |                                       |
6. How often do you eat fast food (such as McDonald's, Burger King, Wendy's, Kentucky Fried Chicken)? **Please check one answer.**
- ☐ Don't eat fast food
  - ☐ 1-2 times per **week**
  - ☐ 3-5 times per **week**
  - ☐ 6 or more times per **week**
7. How often do you have **red meat** as your main dish? **Please check one answer.**
- ☐ Don't eat red meat
  - ☐ 1-2 days per week
  - ☐ 3-5 days per week

☐ 6-7 days per week

8. If you cook meat, such as steak, fish, chicken, or pork, how do you usually prepare it? **Please check one answer.**

- ☐ Bake
- ☐ Grill
- ☐ Fry
- ☐ Broil
- ☐ Don't cook meat

9. Please answer the following questions about your infant feeding practices for **each** of your children. Please fill in the ages of each child.

	<b>Child 1:</b> Age _____	<b>Child 2:</b> Age _____	<b>Child 3:</b> Age _____	<b>Child 4:</b> Age _____
Did you breastfeed this child? (Check one answer for each child)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how old was this child when you stopped breastfeeding? (Write answer in box)				
Why did you stop breastfeeding when you did? (Write answer in box)				
Did you feed this child formula? (Check one answer for each child)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how old was this child when you started formula? (Write answer in box)				
How old was this child when you first fed him/her solid food? (Write answer in box)				
What was the first solid food you fed this child? (Write answer in box)				
Was this food added to the bottle or fed with a utensil? (Write answer in box)				

10. If you breastfed or formula fed your child(ren), what made you decide to do so?

Please answer the following general questions. To protect your privacy, this information will be used for this project only and will not be shared.

11. How old are you? \_\_\_\_\_

12. How tall are you? \_\_\_\_\_

13. What is your weight? \_\_\_\_\_

14. Which of the following best describes your annual household income before taxes? **Please check one answer.**

- ☐ Less than \$10,000
- ☐ \$10,000 to less than \$15,000
- ☐ \$15,000 to less than \$25,000
- ☐ \$25,000 to less than \$35,000
- ☐ \$35,000 or more

15. What is the highest level of education you completed? **Please check one answer.**

- ☐ Elementary/grade school
- ☐ Some high school
- ☐ Graduated high school
- ☐ Some college
- ☐ Graduated college
- ☐ Advanced degree

16. What country does your family originally come from? \_\_\_\_\_

17. How many years have you lived in the United States?

\_\_\_\_\_

18. Are you employed?

- ☐ Yes
- ☐ No

19. If you do work, what is your work status?

- ☐ Full-time
- ☐ Part-time

## APPENDIX F: QUESTIONNAIRE FOR MEN

We would like you to fill out the following questionnaire. This questionnaire will help us get some information about your eating habits and infant feeding practices. To protect your privacy, we ask that you do **NOT** put your name or any other identifying information on this questionnaire.

2. For each food item listed below, please circle the number of servings that you eat in a **typical day**. If it helps, think back to what you ate yesterday. Please fill out additional information in the last column where appropriate.

FOOD ITEM:	Number of Servings per Day				<u>Additional Information</u>
<b>Fruit</b> (Not including juice): A serving is 1 piece.	0	1-2	3-4	5 or more	
<b>Fruit Juice:</b> A serving is ½ cup.	0	1-2	3-4	5 or more	<u>What kind(s)?</u>
<b>Vegetables</b> (Not including potatoes): A serving is 1 cup.	0	1-2	3-4	5 or more	
<b>Milk:</b> A serving is 1 cup.	0	1-2	3-4	5 or more	<b>Circle one:</b> Whole      2% 1% Skim      Fat-free
<b>Yogurt:</b> A serving is 1 cup.	0	1-2	3-4	5 or more	<b>Circle one:</b> Whole      Low-fat
<b>Cheese:</b> A serving is 1 slice.	0	1-2	3-4	5 or more	
<b>Soda:</b> A serving is 1 can.	0	1-2	3-4	5 or more	<b>Circle one:</b> Regular      Diet
<b>Sweetened drinks:</b> A serving is 1 cup.	0	1-2	3-4	5 or more	<u>What kind(s)?</u>
<b>Red meat:</b> A serving is about the size of a deck of cards (3 ounces).	0	1-2	3-4	5 or more	

2. Which of the following foods do you eat? **Please check all that apply.**

- ☐ White bread (including rolls)
- ☐ Potatoes
- ☐ Pasta
- ☐ White rice

4. How often do you have at least one serving of the foods you selected in question #2? A serving is 1 slice of bread or 1 roll, and about 1 cup of pasta, potatoes, or rice.

- ☐ 1 or fewer servings a **week**
- ☐ 2 servings a **week**
- ☐ 3-4 servings a **week**
- ☐ 1-2 servings a **day**
- ☐ 3 or more servings a **day**

4. How often do you eat snacks or drink beverages between meals? **Please check one answer.**

- ☐ Don't snack or drink beverages between meals
- ☐ 1-2 times per **day**
- ☐ 3-5 times per **day**
- ☐ 6 or more times per **day**

7. If you snack or drink beverages between meals, which of the following do you eat or drink? **Please check all that apply.**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Candy          | <input type="checkbox"/> Crackers     |
| <input type="checkbox"/> Cookies        | <input type="checkbox"/> Popcorn      |
| <input type="checkbox"/> Fruit          | <input type="checkbox"/> Soda: What   |
| kind? _____                             |                                       |
| <input type="checkbox"/> Yogurt         | <input type="checkbox"/> Juice: What  |
| kind? _____                             |                                       |
| <input type="checkbox"/> Vegetables     | <input type="checkbox"/> Tea/Iced Tea |
| <input type="checkbox"/> Potato chips   | <input type="checkbox"/> Coffee       |
| <input type="checkbox"/> Tortilla chips | <input type="checkbox"/> Water        |
| <input type="checkbox"/> Chocolate      | <input type="checkbox"/> Milk: What   |
| kind? _____                             |                                       |
| <input type="checkbox"/> Bagels         | <input type="checkbox"/> Other:       |
| _____                                   |                                       |

8. How often do you eat fast food (such as McDonald's, Burger King, Wendy's, Kentucky Fried Chicken)? **Please check one answer.**

- ☐ Don't eat fast food
- ☐ 1-2 times per **week**
- ☐ 3-5 times per **week**
- ☐ 6 or more times per **week**

10. How often do you have **red meat** as your main dish? **Please check one answer.**

- ☐ Don't eat red meat
- ☐ 1-2 days per week
- ☐ 3-5 days per week

- ☐ 6-7 days per week

11. If you cook meat, such as steak, fish, chicken, or pork, how do you usually prepare it? **Please check one answer.**

- ☐ Bake  
☐ Grill  
☐ Fry  
☐ Broil  
☐ Don't cook meat

Please answer the following questions about the infant feeding practices in your household.

12. Did your spouse or partner:

- ☐ Breastfeed  
☐ Formula feed  
☐ Both breastfeed and formula feed  
☐ I don't know

13. How were you involved in this decision?

Please answer the following general questions. To protect your privacy, this information will be used for this project only and will not be shared.

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12. How tall are you? \_\_\_\_\_

13. What is your weight? \_\_\_\_\_

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15. What is the highest level of education you completed? **Please check one answer.**

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☐ Some high school  
☐ Graduated high school

- ☐ Some college
- ☐ Graduated college
- ☐ Advanced degree

16. What country does your family originally come from? \_\_\_\_\_

17. How many years have you lived in the United States?  
\_\_\_\_\_

18. Are you employed?

- ☐ Yes
- ☐ No

19. If you do work, what is your work status?

- ☐ Full-time
- ☐ Part-time